

ANNUAL REPORT ON  
**CHILD**  
WELL-BEING | 2014



## OUR VISION

Our vision for every child, life in all its fullness;  
Our prayer for every heart, the will to make it so.

## OUR MISSION STATEMENT

WORLD VISION is an international partnership of Christians whose mission is to follow our Lord and Saviour Jesus Christ in working with the poor and oppressed to promote human transformation, seek justice and bear witness to the good of the Kingdom of God.

**WE PURSUE THIS MISSION** through integrated holistic commitment to transformational development that is community based and sustainable, focused especially on the needs of children; Emergency Relief that assists people afflicted by conflicts or disaster; Promotion of Justice that seeks to change unjust structures affecting the poor among whom we work; Strategic Initiatives that serve the church in the fulfilment of its mission; Public Awareness that leads to inform understanding, giving, involvement and prayer; Witness to Jesus Christ by life, deed, word and sign that encourage people to respond to the Gospel.

## CORE VALUE

### **We are Christian**

We follow the teachings of Jesus who calls us to love our neighbours, care for children and challenge injustice.

### **We are committed to the poor**

We are called to serve the neediest people of the earth; to relieve their suffering and to promote the transformation of the wellbeing.

### **We value people**

We believe that every person is created equal and entitled to freedom, justice, peace and opportunity. We celebrate the richness of diversity in human personality, culture and contribution.

### **We are stewards**

We take great care of the resources entrusted to us by others, whether this is money, time or trust, and we are open and transparent in our reporting.

### **We are partners**

We work together with all those who care, recognising that more is achieved through co-operation than competition.

### **We are responsive**

We respond to need whenever and wherever we can.  
We shall never rest while children suffer in situations that can be changed.

# Contents

	Foreword	i
	Statement of Advisory Council Chair	ii
	Acronyms	iii
1.0	Executive Summary	1
2.0	Introduction	2
3.0	Context	5
4.0	Strategic Objective	6
4.1	Strategic Objective 1: WASH	6
	Analysis and Achievement	8
4.1.1	Improved access to Safe Water	8
4.1.2	Increased access to basic sanitation facilities	9
4.1.3	Improved hygiene practices for Households and Schools	10
	Sustainability	11
	Key Learnings	11
4.2	Strategic Objective 2: Food Security and Resilience	13
	Analysis and Achievement	14
	Improved Household Food Security and Income	14
	Sustainability	15
4.2.1	VisionFund's contribution to economic development	17
4.2.2	Savings Groups empower communities in Ghana	18
4.2.3	Visiontech Ghana (BPO)	19
4.3	Strategic Objective 3: Health, HIV and Nutrition	20
	Analysis and Achievement	19
4.3.1	Nutritional Status of Children Under Five (U5)	21
4.3.2	Immunization against vaccine preventable diseases	23
4.3.3	Delivery Care	24
4.3.4	Knowledge of HIV and AIDS among households	25
4.3.5	Malaria Prevention and Management	27
4.3.6	Number of RC Death	28
4.4	Strategic Objective 4: Education	29
	Analysis and Achievement	30
	Functional Literacy of Children	30
	Community Involvement in Education Delivery	31
	Access	32
	Sustainability	32
4.5	Strategic Objective 5: Child Protection, Partnering and Advocacy	34
	Analysis and Achievement	35
	The strength of the assets and the contexts in which adolescents live, learn and work, as reported by youth 12-18 years of age	35
	Proportion of adolescents who report having birth registration documents	36
5.0	Local Level Advocacy	37
6.0	Humanitarian And Emergency Affairs	38
7.0	Most Vulnerable	39
8.0	Programme Accountability	42
9.0	Conclusion	44
10.0	References	44

# I Foreword



I bring you all very warm greetings from World Vision.

It is always my pleasure to share with you World Vision's progress towards the attainment of measurable improvement in the well-being of 6.4 million boys and girls, their families and the communities in which they live.

World Vision partners with a community to improve the prospects of vulnerable children for between 15-20 years. In our interventions, we look at children's and their families' needs from a range of perspectives.

In our Savings Groups and Microfinance Programme, we do not just think about financial bottom line, but the impact on children as well.

In all our activities, when we finish the job, we judge ourselves on our impact, the resilience of the children and their families and the sustainability of the work. In addition to other measurements such as number of children in school, health outcomes and rates of malnutrition, we measure our impact against targets based on our own child wellbeing aspirations.

World Vision works with communities not just to improve life now, but to increase their resilience in an unpredictable economic, social and political environmental future. World Vision incubates local community-based organizations, empower children and youth to speak up and form Children's Clubs, Young Ambassadors and Children's Parliament to ensure their voice is heard now and that they have a platform into the future to articulate their views.

This report is a summary of World Vision's interventions in 2014 and a demonstration of our resolve to do as we say in concert with peer agencies, government, stakeholders among others.

I wish to express World Vision's sincere thanks to all our donors from the Support Offices, The Government of Ghana, our partners and peer agencies, members of the Advisory Council, the World Vision West Africa Regional Leader and staff for their support and contributions throughout the year.

Blessings,  
Hubert Charles  
National Director

## II Statement by Advisory Council Chairperson



Greetings from World Vision Ghana's Advisory Council

It is with much joy and gratitude, that I make this statement on World Vision's socio-economic interventions in the year 2014. World Vision celebrated its 35th anniversary in 2014 under the theme: "Every Child Deserves Clean Water".

As a result, even as we reflected on our journey in Ghana soberly, we also celebrated the success story of this journey. We also resolved to deepen and sustain our work with a view to achieving measurable improvements in the well-being of 6.4 million children and their families.

During the year under review, the Advisory Council, as is always the case, was in the field to support and witness the work of staff and partners. We were in a number of communities of the Kumasi Base. I must say the field trip was a memorable time of immense learning and interaction with chiefs, District Chief Executives, staff, women and children, Village Savings and Loans Associations (VSLA) and Mushroom production groups, among others.

We were encouraged by the quality and impact of World Vision's work in the field. For example, in line with the objective of increasing access to potable water, the Advisory Council commissioned 125 boreholes serving a number of communities and cut the sod for the construction of a mechanized water supply system in Amoma in the Kintampo operational area.

As Chair of the Advisory Council, I will not hesitate to commend the Senior Leadership Team and staff of World Vision for their tremendous efforts to improve and deepen World Vision's interventions. As you journey through the pages of this report, you will have ample reason to identify with the cause of World Vision – Life in all its fullness for every child. We have made conscious efforts to build the resilience of children, their parents and communities.

We wish to sincerely thank the National Director for his excellent leadership and commitment to sharing the stories of the good work of World Vision.

I also wish to say, "Thank you" to my fellow Advisory Council members, senior management and staff for their support in keeping aloft the cause of World Vision and also building a dynamic and responsive organization.

All the best,  
Dr. (Mrs.) Adelaide Kastner  
Advisory Council Chair

## iii List of Acronyms

ADP	Area Development Programme	LEAP	Learning through Evaluation with Accountability and Planning
AIDS	Acquired Immune Deficiency Syndrome	LLITN	Long Lasting Insecticide Treated Net
AMIC	Annual Monitoring Indicators of Child Well-being	LQAS	Lot Quality Assurance Sampling
ANC	Ante-natal Clinic	MDAs	Ministries, Departments and Agencies
BPO	Business Processing Outsourcing	MDG	Millennium Development Goals
CBO	Community-based Organization	MOFA	Ministry of Food and Agriculture
CBSV	Community Based Surveillance Volunteers	MQS	Ministry Quality & Strategy
CCC	Community Care Coalition	MTMSG	Mother- to- Mother- Support Group
CDPP	Community Disaster Preparedness Plan	MWRAP	Ministry Wide Risk Assessment Program
CFLI	Canada Fund for Local Initiative	ND	National Director
CGV	Child Greeting Videos	NEA	National Education Assessment
CIC	Community Information Centre	NEPRF	National Emergency Preparedness Response Fund
CIDA	Canadian International Development Agency	NO	National Office
CIV	Community Intro Videos	OBTL	Operations Base Team Leader
CMAM	Community Based Management of Acute Malnutrition	OLE	Open Learning Exchange
CoH	Channels of Hope	OVC	Orphaned and Vulnerable Children
CONIWAS	Coalition of NGOs in Water and Sanitation	PCR	Program Capability Review
COVACA	Community Owned Vulnerability and Capacity Assessment	P&C	People & Culture
CPMTCT	Community Prevention of Mother-to-Child Transmission of HIV	PIA	Program Impact Areas
CVA	Citizen Voice and Action	PLWHIVs	People Living with HIV/AIDS
CWBA	Child Well Being Aspirations	PNS	Private Non-Sponsorship
CWBT	Child Well Being Targets	PTA	Parent-Teacher Association
CTS	Commodity Tracking System	RAM	Resource Acquisition and Management
DA	District Assembly	RC	Registered Children
DME	Design, Monitoring and Evaluation	RIPE	Reading Improvement in Primary Education
DPA	Development Programming Approach	SCASO	Strengthening Community Care and Support for Vulnerable Children
DRR	Disaster Risk Reduction	SATISFY	Systems Approach to Sustainable and Improved Food Security
FAO	Food and Agriculture Organization	SG	Savings Groups
FBO	Faith Based Organization	SHEP	School Health Education Program
FBO	Farmer Based Organization	SLT	Senior Leadership Team
FCS	Food Consumption Score	SMC	School Management Committee
FMNR	Farmer Managed Natural Regeneration	SO	Support Office
FPMG	Food Programming and Management Group	SPAM	School Performance Appraisal Meeting
FY	Financial Year	SPIP	School Performance Improvement Plans
FGD	Focus Group Discussion	STEP	Sponsorship Tracking Enhancement Programme
GC	Global Centre	SUN	Scaling Up Nutrition
GHS	Ghana Health Service	TA	Technical Approach
GES	Ghana Education Service	TP	Technical Program
GIK	Gifts-in-Kind	TLM	Teaching and Learning Materials
GI-WASH	Ghana Integrated Water Sanitation and Hygiene Project	UAT	User Acceptance Test
GNs	Gift Notifications	UN	United Nations
GWA	Global Week of Action	UNCRC	United Nations Convention on the Rights of the Child
HEA	Humanitarian and Emergency Affairs	UNICEF	United Nations Children's Fund
HTC	HIV Testing and Counselling	USAID	United States Agency for International Development
HIV	Human Immunodeficiency Virus	U5	Under Five (5)
ICRISAT	International Crops Research Institute for Semi- Arid Tropics	VCS	Vehicle Charging System
ICT4D	Information Communication Technology for Development	WAR	West Africa Region
IL	Introductory Letters	WARO	West Africa Regional Office
INHED	Integrated Health and Economic Development	WASH	Water, Sanitation and Hygiene
IPA	International Procurement Agency	WATSAN	Water and Sanitation
INGOs	International Non-Governmental Organizations	WVG	World Vision Ghana
IYCN	Infant and Young Child Nutrition	WVUS	World Vision United States of America
KM	Knowledge Management		
KVIP	Kumasi Ventilated Improved Pit		
KOICA	Korean International Corporation Agency		
	Local Council of Churches		

## I Executive Summary

The 2014 CWB report illustrates how World Vision Ghana's (WVG) interventions in the various thematic areas of operation contributed to the achievement of the child well-being targets. WVG has a strategic goal of contributing to measurable improvement in the well-being of 6.4 million boys and girls, their families and communities, especially the most vulnerable, with five (5) main objectives. The report is based on data collected and analysed from 31 ADPs and four (4) projects.

Major findings from the reporting process revealed the following:

### SUCCESS

#### ***CWBT 1: Increase in children who report an increase in well-being***

- Fifteen (15) out of 24 ADPs provided households with access to a minimum of 20 litres of safe water per person each day within 30 minutes distance from residence, and the ADPs scored above the threshold of 50% with a national average of 77.69%
- Nine (9) out of the 16 ADPs that reported on proportion of adolescents who ranked themselves as “thriving” on the ladder of life had scores above the NO average of 26.54%

#### ***CWBT 2: Increase in children protected from disease and infection (ages 0-5)***

- Fifteen (15) out of 21 ADPs recorded high ANC coverage ranging from between 82.91% and 94% which was above acceptable threshold of 80%
- Sixteen (16) out of 21 ADPs recorded high coverage of infants who were delivered by skilled birth attendants above the FY14 WVG's average coverage of 59.3% ranging between 63.2% - 100% while 11 out of the 16 ADPs recorded coverage above the WHO threshold of 80%.
- The proportion of the households with comprehensive knowledge of HIV and AIDS prevention ranged between 84% and 95% across 24 ADPs in FY 2014 exceeding the WVG FY15 target of 80%.

#### ***CWBT 3 Increase in children who are well nourished (ages 0-5)***

- 73% of 15 ADPs reporting recorded 9 or more months of adequate household food provisioning which is considered food secure.

### Areas to Improve

#### ***CWBT 1 Increase in children who report an increase in well-being***

- Though the National Office's (NO) average for the proportion of adolescents who report going to bed hungry has dropped from 31% in FY13 to 25.6%, the proportion of adolescents in the northern sector ADPs who are likely to go to bed hungry still remain higher than those in the south

#### ***CWBT 2 Increase in children protected from disease and infection (ages 0-5)***

- Comparing FY13 and FY14, there has been an increase of 33% in RC deaths, from 33 (FY13) to 44 (FY14). WVG will work with communities and partners to reverse this trend.
- The proportion of infants who received essential vaccines against childhood illnesses verifiable by vaccination card was 79.3% in FY 14 compared to 80.2% in FY13. Coverage was generally high and compares favourably with the WHO acceptable threshold of 80% although lower than the MICS (2011) coverage of 84%. This notwithstanding, it was observed from the results obtained in FY14 that coverage for children who received vaccines according to schedule and classified as valid coverage by 52 weeks of age was only 45.4%, an indication that more than 50% of children may not have optimum immunity. This is critical and requires the attention of WVG and its partners including GHS.

#### ***CWBT 3 Increase in children who are well nourished (ages 0-5)***

- Out of 24 ADPs reporting, only eight (8) were above the threshold of 80% for children who were exclusively breastfed up to 6 months
- Fourteen (14) ADPs out of 23 assessed performed better than the national average of 13% for the proportion of children under five who are underweight. However, children under five in the northern belt were the worst affected with prevalence ranging between 11.2%-23.7% compared with the south (8.8%-13.8%) which is below the National Office's FY14 target of 22%.

#### *CWBT 4 Increase in children who can read by class six completion*

- None of the 25 ADPs who programmed around comprehension for children by primary 3 achieved the WVG FY15 target of 50%.

## 2. Introduction

This report presents a summary of key interventions implemented and progress made towards child well-being. The NO strategic objectives are:

- Improved health and living conditions for 1.6 million people through increased access to safe, reliable and affordable water supply and related sanitation/hygiene services
- Improved household food security and resilience for 1.9 million children and their families
- Improved health and nutritional status of 1.3 million children under five
- Improved access and quality of basic education for 2.4 million children leading to improved learning outcomes.
- Strengthened partnerships and citizen empowerment for advocacy toward the sustained well-being of 1.2 million children within families and communities.

This year's report is based on WV Programme Impact Areas (PIA). It compares FY14 data with that of FY13 where possible to show progress that has been made towards child well-being. A summary of the FY achievements is presented in Table 1. The report also makes use of graphical and pictorial presentations of some data for easy reading and quantitative analysis.

*A child smiling into a hopeful future*





Table 1 : Current balanced score card results for strategy

Strategic Objectives	Indicators	Acceptable Threshold	Country (Ghana) Average	WVG Average		
				FY13 Achieved	FY14 Target	FY14 Achieved
Strategic Objective 1: Improved health and living conditions for 1.6million people through increased access to safe, reliable and affordable water supply and related sanitation/hygiene services	% of households able to access minimum of 20 litres of clean water per person each day within 30 minutes from residence	>50	81	80.4	80	77.69
	% of children who regularly wash their hands at critical times (e.g. after visiting the toilet and before meals)	>60	N/A	78.51	80	77.89
	% HHs with access to improved sanitation facilities for defecation	>54	N/A	24.22	23	15
	Proportion of youth who report going to bed hungry	N/A	N/A	31.79	29	25.6
	Months of Adequate Household Food Provisioning (MAHFP)	N/A	N/A	9	9	9.34
	Proportion of youth who rank themselves as 'thriving' on the ladder of life	N/A	N/A	55.88	40	26.54
	% of children under five (U5) underweight	<10	13	14.8	25	10.9
	% of children U5 stunted	<20	23	27.3	23	17.7
	% of children U5 wasting	<5	6	8.7	10	4.5
	% of children exclusively breastfed until 6 months of age	80	46	67.03	70	98.8
Strategic Objective 2: Improved household food security and resilience for 1.9 million children and their families including the most vulnerable	% of infants (0-23months) whose births were attended to by skilled birth attendants	70	68	64.3	65	59.3
	% of mothers of children 0-23 months who had 4 ANC	>80	87	74.14	80	82.45
	Coverage of essential vaccines among children	>80	84	80.21	75	79.3
	% households where children aged U5 , slept under a long-lasting insecticide treated bed net (LLITN) last night	>70	39	77.36	65	83.3
	% of HH with comprehensive knowledge of HIV/AIDS	N/A	N/A	N/A	80	91.38
	Proportion of Children able to read with comprehension by Primary 6 completion	N/A	P2 = 2 P3 = 48.9	33.03	40	P2 = 23.6 P6 = 21.0
	% of schools with functional school management committees and PTAs	N/A	N/A	51.05	70	66
	Proportion of youth (12-18 years) who report having birth registration documents	N/A	N/A	55.88	68	39.6
	The strength of the assets and the contexts in which youth live, learn and work, as reported by youth 12-18 years of age	N/A	N/A	N/A	N/A	18
	Strategic Objective 3: Improved health and nutritional status of 1.3 million children under five including the most vulnerable.					
Strategic Objective 4: Improved Access and Quality of Basic Education for 2.4 million children including the most vulnerable leading to improved learning outcomes						
Strategic Objective 5 Strengthened partnerships and citizen empowerment for advocacy towards the sustained well-being of 1,200,000 children within families and communities, especially the most vulnerable.						



Harvested ginger for sale.

### 3. Context

The ability of households to have adequate supply of food all year round to enhance their well-being hinges on the environment in which they live. In most cases existing local conditions which could either be positive or negative or a combination of both determine the progress that could be made in the observed phenomenon. Specifically, the major factors that impacted the attainment of WVG's CWBT for FY14 were:

**Social**

- The strong family bonds and social network systems in the PIAs positively contributed to the successful rollout of the Savings Group (SG) and Farmer Managed Natural Regeneration (FMNR) models.
- The buy-in of community opinion leaders, especially chiefs and queen mothers, in some ADPs was instrumental in the relative success of the SG model.

**Economic**

- The depreciation of the Ghana Cedi against the major foreign currencies coupled with frequent hikes of prices of goods and services negatively affected households' purchasing power and investments in the well-being of their families.

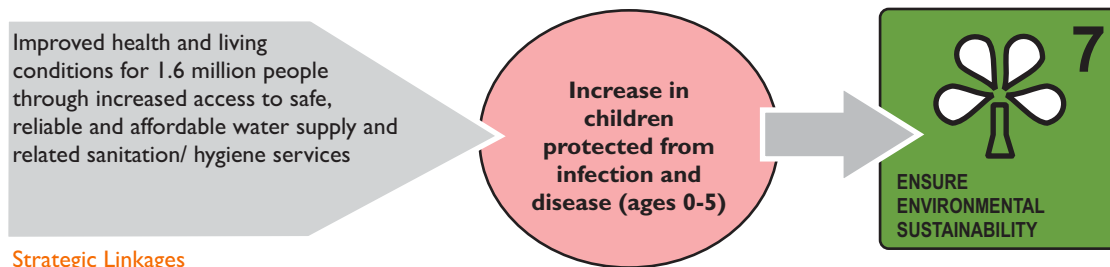
Figure 1



## 4. Strategic Objectives

### 4.1 Strategic Objective 1: WASH

Figure 2



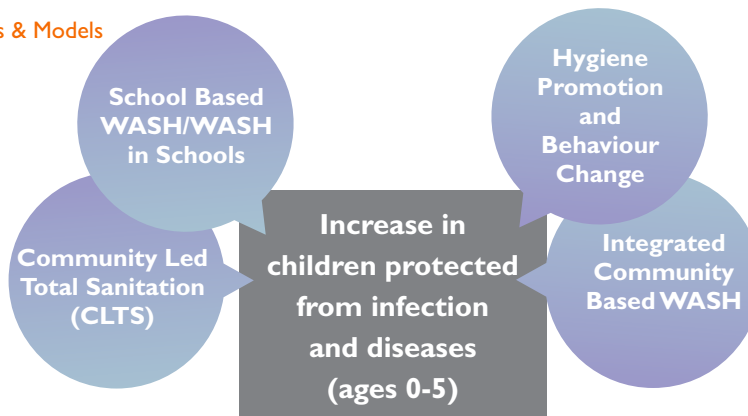
Strategic Linkages

#### Summary of Logic Chain

In spite of the fact that Ghana has exceeded its 2015 MDG target for access to water (76%), Ghana Integrity Initiative (2011)<sup>1</sup> indicates that the proportion of the population depending on unsafe water sources exceeds 30%. Approximately 3.5 million people residing in deprived communities in Ghana depend on unimproved sources for drinking water (Owusu-Sekyere et al, 2014)<sup>2</sup>. This situation is further worsened by a reduction in the per capita water availability due to high population growth rate. In addition to the above, the limited access to proper sanitation facilities<sup>3</sup> particularly in rural communities compels people to resort to unimproved sanitation facilities or engage in open defecation which have negative consequences for child well-being.

It is against this background that WVG partnered relevant stakeholders in the Water, Sanitation and Hygiene sector to contribute to the NO WASH strategic objective and MDG 7. In pursuing these targets, ADPs implemented interventions by making use of approaches and models as shown in figure 2.

Figure 3 - WASH Approaches & Models



The office spent approximately US\$4.5 million in the implementation of interventions reaching the most vulnerable groups.

Table 2: Resources used for WASH

Projects that contribute to Strategic Objective	Amount Spent (\$) by the ADP in achieving the objective	Source of Funding	Number of Technical Staff	Key Partners working with to achieve the objective at the ADP level	Direct Beneficiaries
World Vision WASH Projects	US\$4.5 million	<ul style="list-style-type: none"> <li>• Sponsorship</li> <li>• Grant</li> <li>• PNS</li> </ul>	12	CWSA, DWST	336,000 people made up of 47% male and 53% female

<sup>1</sup>Mapping transparency, accountability & participation in service delivery: An analysis of the water supply sector in Ghana

<sup>2</sup>Household water supply vulnerability in low income communities in Ghana

<sup>3</sup>According to the Joint Monitoring Platform (2014) only 14% of Ghana's population have access to proper sanitation

The WASH interventions implemented by ADPs contributed to the following outcomes

Table 3: WASH Outcomes and Indicators

Outcomes	Indicators of measurement
Improved access to safe water	% of HHs with improved access to safe water % of HHs with sufficient drinking water % of households able to access minimum of 20 litres of safe water per person each day within 30 minutes (or 500 meters) from residence
Increased access to basic sanitation facilities	% of HHs with access to improved sanitation facilities for defecation
Improved hygiene practices for households and schools	% of children who regularly wash their hands at critical times (e.g. after visiting the toilet and before meals)

## Case Story

“We relied solely on dam water for our domestic chores, and even with that, we competed with our animals. My husband and I were both down with guinea worm disease. As a result, we could not go to our farms. My husband couldn’t harvest anything from his maize, groundnuts and yam farms. Feeding the family was a problem. We were dependent on community members for support. My own sister got deformed because of the guinea worm. Aside the water not being safe, it was also very far; about 2.5 kilometers away from the community. Our children sometimes went to school late. I often went to the hospital. Spending the entire day in the hospital is not an experience to remember. I am however so happy now because World Vision has given us a borehole, built our capacity to repair it when it breaks down, trained us on how to source for funds to manage the facility and given us the repair kits. I am proud because I am one of the borehole committee members and I assist in repairing it each time it breaks down. Sometimes I just wish my husband was alive to see how transformed I am today having access to safe water. The community undoubtedly now has safe water for our domestic chores all year round. We no longer walk long distances in search of water. The lives of children and communities are being transformed as a result of the interventions of World Vision. Children are also well nourished and protected from diseases.”

Madam Alimatu, Nabore Community –  
West Gonja ADP, WVG Water project



Current source of water for domestic chores in Nabore

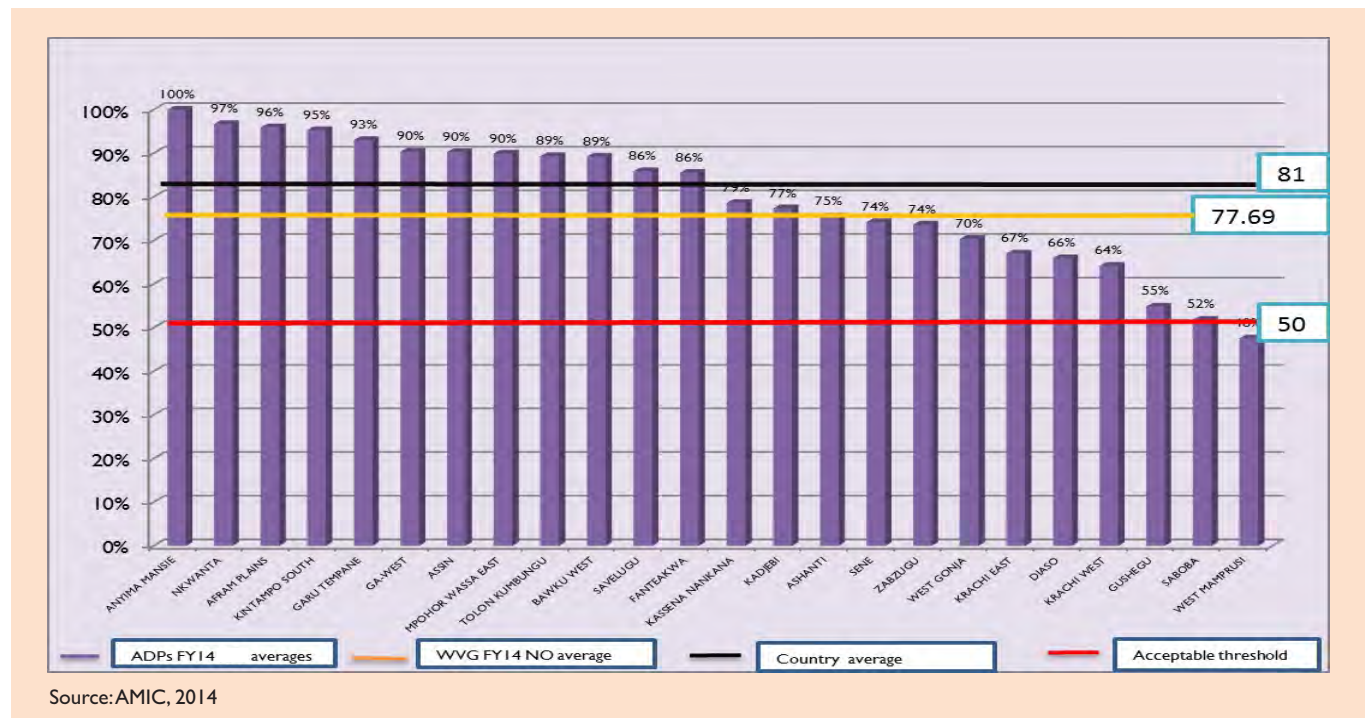
“ I am proud because I am one of the borehole committee members and I assist in repairing it each time it breaks down. ”



## Analysis & Achievement

### Improved access to Safe Water

Figure 4 - % of HHs with improved access to safe water



From figure 4 above, 24 ADPs implemented interventions towards ensuring the availability of safe water for households. Thirteen (13) ADPs recorded values above the NO average of 77.69%. The achievements within the period range from 48% as the lowest (West Mamprusi 'Overseas' ADP) to 100% achieved by Anyima Mansie ADP (AMIC, 2014). The data indicates that majority ADPs who recorded values above the NO average are in the northern part of the country. This could be attributed to the presence of the GI-WASH project in the North. The results also revealed that 12 ADPs recorded values above the World Bank Target of 81% (World Bank, 2012).

The achievement by Anyima Mansie ADP is attributed to the continued collaboration between the ADP, GI-WASH and the District Assembly and the mechanization of wells to serve a greater population. The ADP, in collaboration with the District Assembly, has sustained the provision of safe water to communities since FY12, ensuring that a borehole serves a target population of 300 people.

Malnutrition is a major health problem, especially in developing countries and has a correlation<sup>4</sup> with safe water. This might have contributed to Anyima Mansie ADP's 5.3% underweight, 6.9% stunting and 4% wasting (Anyima Mansie Evaluation Report, 2014) whilst West Mamprusi Overseas ADP, for example, has 24% underweight, 27.8% stunting and 11.4% wasting

(WVG, 2014). Four (4) out of the six ADPs that are below the NO average (77.69%) are from the Northern Region of the country. However, most ADPs from the Kumasi, Amasaman and Bolga Operations Bases are above the FY14WVG NO average.

### WVG Contribution

- 228 water treatment educational trainings were conducted in FY14
- A total of 10,992 households benefitted from sensitization and trainings on household water treatment in FY14
- Successfully drilled 263 boreholes, providing safe water to approximately 78,900 people
- 60 manual boreholes were drilled serving a population of 18,000 people
- 3 limited mechanized systems and five (5) solar mechanized water supply systems were constructed
- 10 rainwater harvesting systems constructed for schools and health facilities; four (4) systems were rehabilitated
- 119 non-functioning boreholes were rehabilitated serving over 35,700 people
- 3 dug-outs/ponds were constructed for communities
- 12 pipe extensions completed

<sup>4</sup>[http://www.who.int/water\\_sanitation\\_health/diseases/malnutrition/en/](http://www.who.int/water_sanitation_health/diseases/malnutrition/en/)

# Analysis & Achievement

## Increased access to basic sanitation facilities

Figure 5 - % HHs with access to improved sanitation facilities for defecation

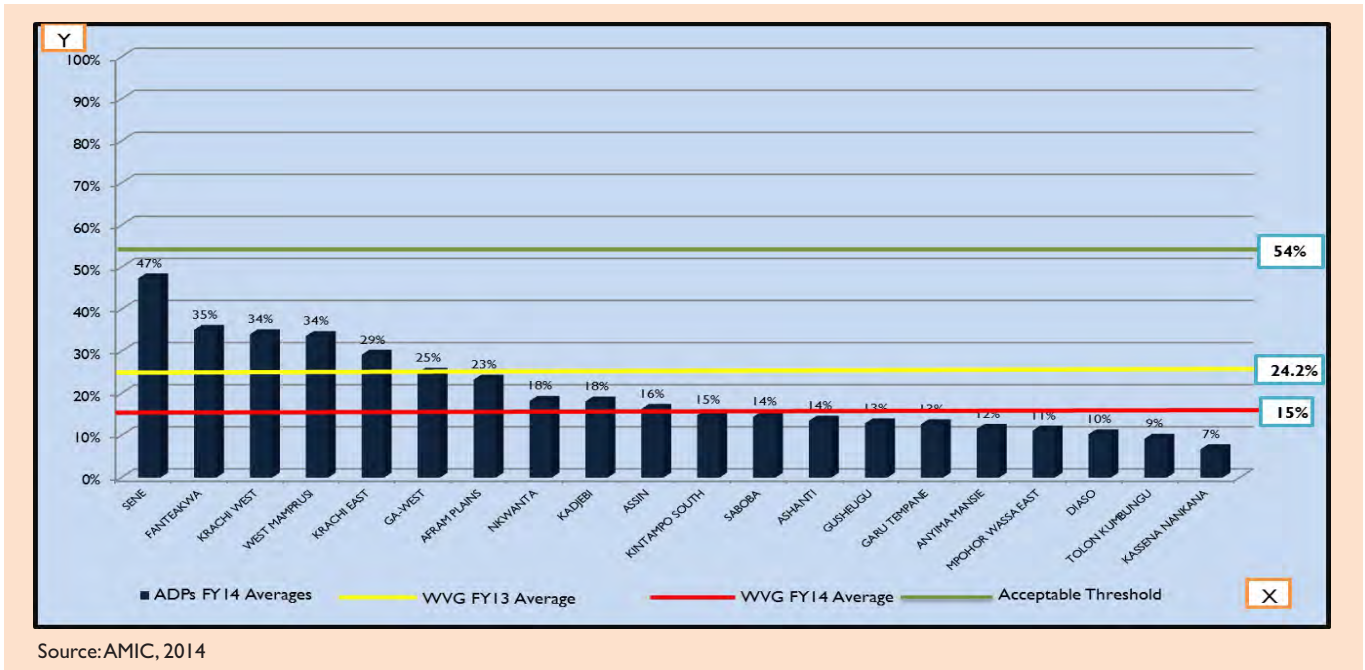
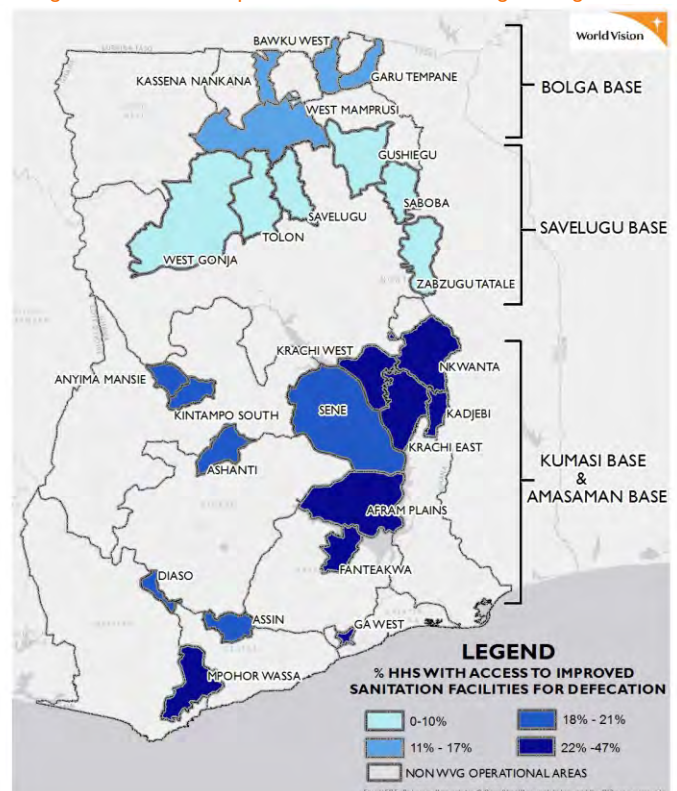


Figure 5 depicts household access to improved sanitation. All ADPs in the country are below the acceptable threshold of 54%. The NO average for FY 14 is 15% and 10 out of 20 ADPs are above this average, with Sene ADP recording the highest figure of 47% while Kassena Nankana ADP recorded the lowest figure of 7%. Despite Kassena Nankana recording the lowest, it increased by 4% over its FY13 figure of 3%. It is interesting to also note that Kintampo South which recorded 5% in FY13 stands at 15% in FY14. Eleven (11) ADPs have a higher proportion of households with improved access to sanitation above the Ghana average of 14%. An inter year comparison however shows a decrease from 24.2% in 2013 to 15% in 2014.

Figure 6 illustrates the sanitation situation across the four WVG Operational Bases. As can be observed from figure 6, access to improved sanitation in the southern sector is higher than that of the northern sector. Amasaman Base has the highest access to improved sanitation, followed by Kumasi Base and Bolga Base, with Savelugu Base having the least access to improved sanitation.

This situation depicted in the map can be attributed to the poverty disparities in the country. Northern Ghana is characterized by high poverty levels as compared to southern Ghana. The three northern regions where the Bolgatanga and Savelugu Bases are located are the poorest regions in the country.

Figure 6 – Access to Improved sanitation in WVG Programming Areas



It is not surprising that households in the southern sector with lower poverty levels have higher access to improved sanitation compared to the northern sector. Monitoring reports revealed that most rural communities after being triggered are unable to construct their own toilet facilities or construct toilet facilities which are unimproved. This situation has triggered WV to advocate with other NGOs on other sustainable approaches to improve sanitation.

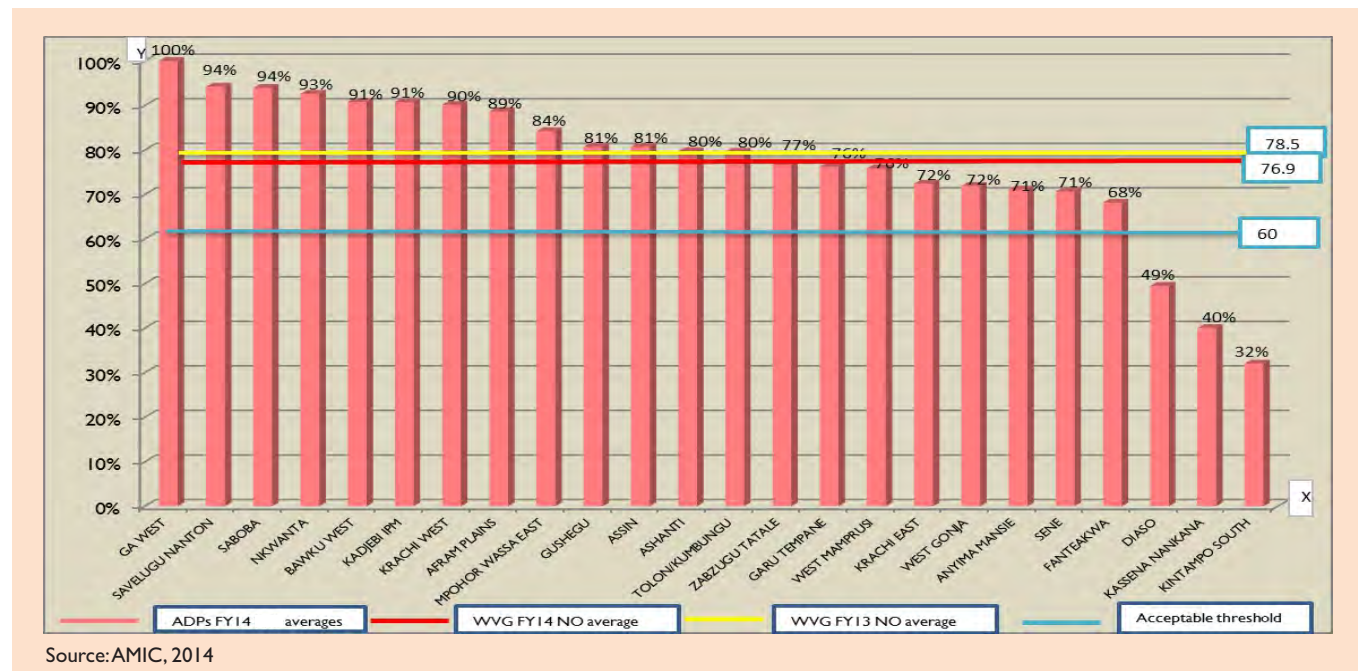
### WVG Contribution

- 478 communities were trained in the awareness of sanitation benefits and technologies
- 1,250 improved sanitation facilities constructed by households themselves
- 7 institutional latrines constructed for schools and health facilities
- 10 communities were certified Open Defecation Free (ODF)
- 356 communities educated on the importance of solid waste management

## Analysis & Achievement

Improved hygiene practices for households and schools

Figure 7 - % of children who regularly wash their hands after visiting the toilet and before meals



The number of children who practice proper hygiene is measured by the proportion of children who regularly wash their hands at critical times (e.g. after visiting the toilet and before meals). Data depicted by figure 7 indicates that 76.9% of children in WVG programming areas wash their hands at critical times. This figure is 1.2% lower than the FY 13 figure of 78.5% and 3.1% lower than the FY14 target<sup>5</sup>. Ga West recorded the highest figure of 100% of children washing hands at critical times whereas Kintampo South recorded the lowest figure of 32.06%. In FY14, ADPs implemented the FY13 recommendations by increasing budgetary allocations for hygiene promotion. As a result, ADPs promoted the use of less costly tippy taps and the distribution of veronica buckets to schools through School Health Education Programme (SHEP) across the ADPs. This has contributed to the percentage of children who practice hand washing at critical times within the ADPs. ADPs empowered 59 schools through the School Health Education Program to enhance hygiene promotion in schools.

<sup>5</sup>FY 14 Hand washing target 80%



## WVG Contribution

- 394 communities were trained in the awareness of hygiene benefits and practices
- 299 schools were trained in the awareness of hygiene benefits and practices
- 44 hand washing stations were developed in schools and institutions
- 81 laundry pads were constructed
- 362 communities were trained in safe water handling, storage and usage
- 276 schools were trained in safe water handling, storage and usage

## Sustainability

All the ADPs established and strengthened Water and Sanitation Management Teams (WSMTs) to ensure that interventions implemented in FY14 are sustained to ensure an increase in the number of children who are protected from infections and diseases.

Table 4: Sustainability

Sustainability Driver	Action Taken
Local Ownership	<ul style="list-style-type: none"> <li>• Borehole beneficiary communities within various ADPs have facility maintenance and management plans to manage any broken down water facility to ensure continuous supply of safe, reliable and affordable water.</li> <li>• ADPs have established and built the capacity of WSMTs towards the management of WASH facilities in the various communities. The WSMTs have operational bank accounts for operation and maintenance of these facilities and they render account to community members at stipulated intervals. In addition these teams organize monthly meetings to promote proper sanitation and hygiene practices.</li> </ul>
Partnering	<ul style="list-style-type: none"> <li>• All the ADPs have signed MOUs with local government partners and some CBOs thus empowering them to carry out the implementation of programme interventions whereas World Vision plays a facilitating role. The ADPs carry out joint monitoring of programme interventions in the communities with partners.</li> </ul>
Local and National Advocacy	<ul style="list-style-type: none"> <li>• ADPs also partnered communities to advocate for adequate safe and reliable water supply as well as improved sanitation facilities. For instance, the Garu-Tempene ADP partnered His Royal Highness Naba Dazuur II (Chief of Kpikpira traditional area) to organize a sanitation durbar for the people of Kpikpira traditional area to advocate for improved hygiene and sanitation practices among community members.</li> </ul>

## Key Learnings

- Communities that have experienced the subsidy approach to sanitation take a longer time to be triggered using the CLTS approach.
- SHEP is an important tool of engaging children as change agents for promoting proper sanitation and hygiene in schools and communities.



Miniature CLTS



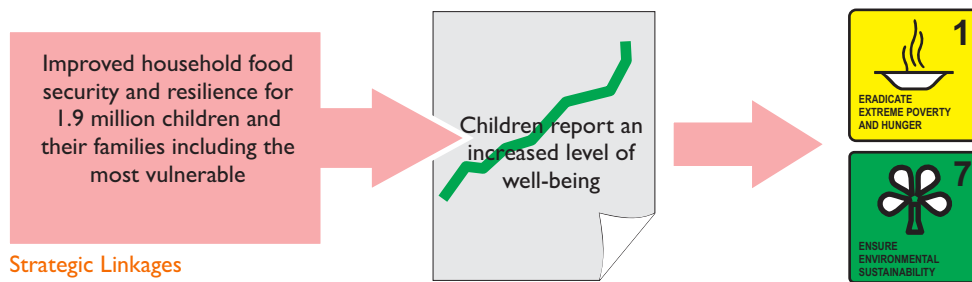
Constructed toilet facility



***Every Child  
Deserves  
Clean Water***

## 4.2 Strategic Objective 2: Food Security and Resilience

Figure 8

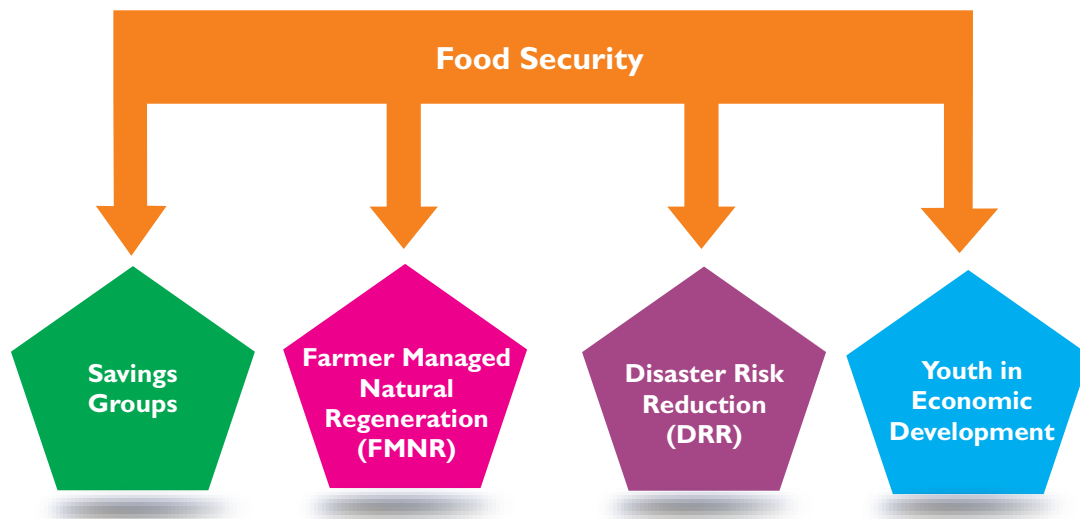


### Summary of Logic Chain

Notwithstanding the efforts made by government towards food sufficiency, challenges still remain. According to the Ghana Statistical Service and the Ministry of Food and Agriculture (2009), more than a million Ghanaians still have no surety of food, with an additional 2 million people mostly in rural communities, at risk of becoming food insecure. The high rate of poverty across the country, coupled with underdeveloped agriculture, lack of modernization, poor land holding structure and rapid population increases are among factors contributing to this situation.

WVG partnered the Ministry of Food and Agriculture (MoFA), VisionFund Ghana, National Disaster Management Organisation (NADMO) and Business Advisory Centre (BAC) to implement targeted interventions to address the different dimensions of food security in its operational areas and also contribute towards the realisation of MDG's 1 and 7. Project models used are depicted below in figure 9.

Figure 9 - Food Security Approaches & Models



The resources utilized to achieve this strategic objective are presented in the table below.

Table 5 :Resources used for Food Security

Projects that contribute to Strategic Objective	Amount spent (\$) by the ADPs in achieving the objective	Source of Funding	Number of technical Staff	Key Partners working to achieve the objective at the ADP level.	Direct Beneficiaries
World Vision Ghana Food Security Projects	US\$1.1m	Sponsorship Grant PNS	12	DA, MOFA, BAC, VisionFund, NADMO	Men- 32,325 Women- 28,447 Boys- 26,169 Girls- 28,686

The Food Security interventions implemented by ADPs contributed to the following outcomes

Table 6: Outcomes and Indicators for Food Security

Outcome	Indicators of Measurement
Improved household food security and income	Proportion of adolescent who reported going to bed hungry Months of Adequate Household Food Provisioning (MAHFP)

### Case Story

“I am a lead beneficiary of FMNR in Yamsog community. FMNR has revolutionized my Shea butter business because of increased yield from the tree crop. What I consider more thrilling about FMNR is the increase in the pepper and groundnut produce. I now sell an average of 4 bags of pepper a day and make GHC40 profit on them. Previously, I only could sell a bag. My pocket money has increased vastly. Because of this, I am now able to provide good health care and food for my children who are in primaries five, two, one, and nursery. They have become more nourished, and also immune to infections. I am now also able to access good health services for them; paying the health insurance is now easier.”

(Abena Ban, Yamsog Community – Talensi ADP/WVG FMNR Project)



### Analysis & Achievement

Improved Household food security and income

As one of the indicators WVG uses to track progress being made towards achieving food security in its operational areas, data was collected on the proportion of adolescents who reported going to bed hungry.

Figure 10- Proportion of adolescents who reported going to bed hungry

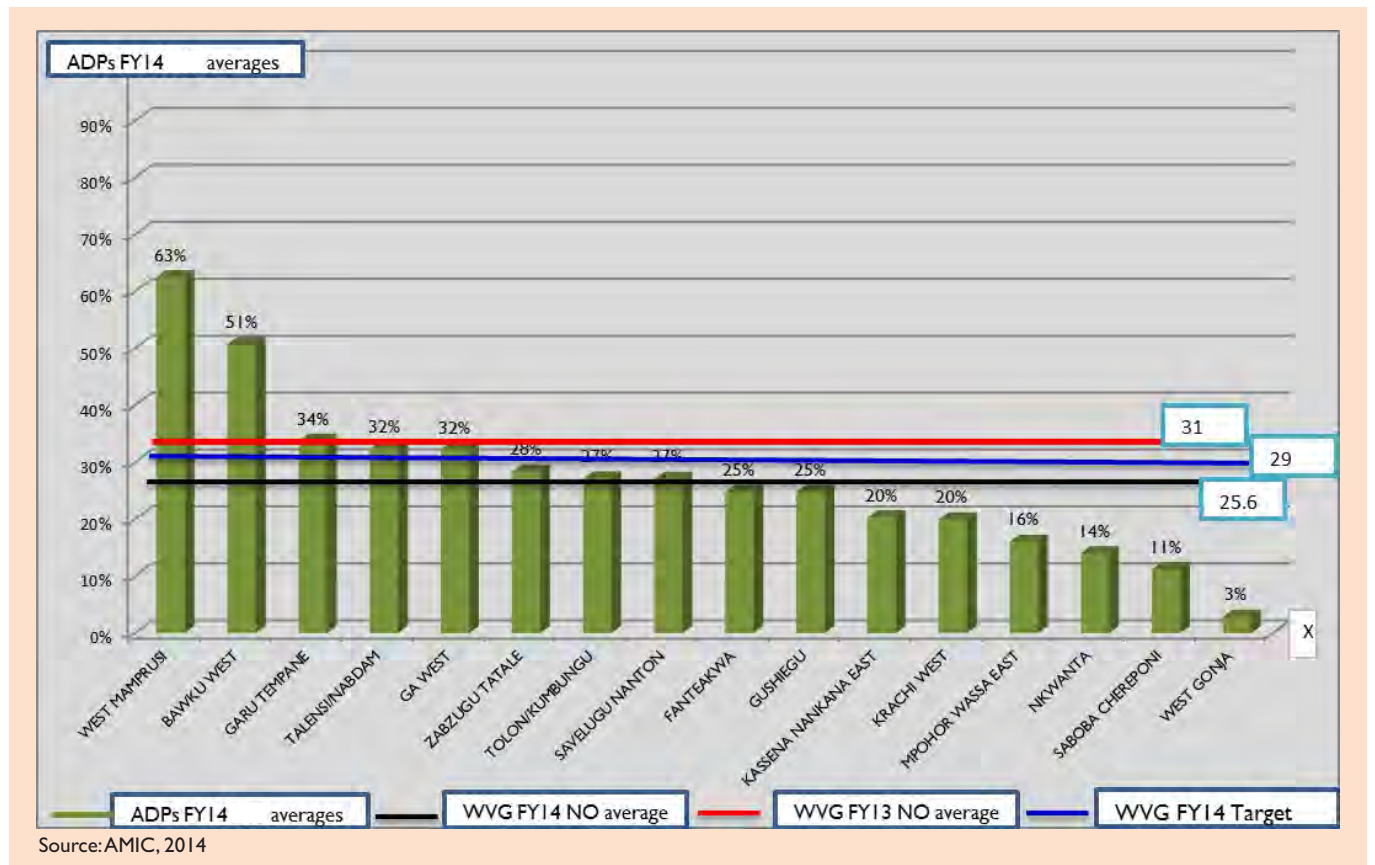


Figure 10 shows that 17 ADPs reported on the indicator in FY14 as compared to 10 in FY13. The NO average for the proportion of adolescents who reported going to bed hungry has dropped from 31% in FY13 to 25.6%, which is below the FY14 target of 29%. In spite of the above, the probability of adolescents going to bed hungry in the northern sector still remained higher than those in the south. Indeed, out of the nine (9) ADPs whose figures were higher than or equal to the NO average, seven (7) are from the northern sector. Whereas West Mamprusi, Garu-Tempame and Talensi/Nabdam ADPs made some gains on this indicator, Bawku West ADP declined, recording the worst national score (63%).

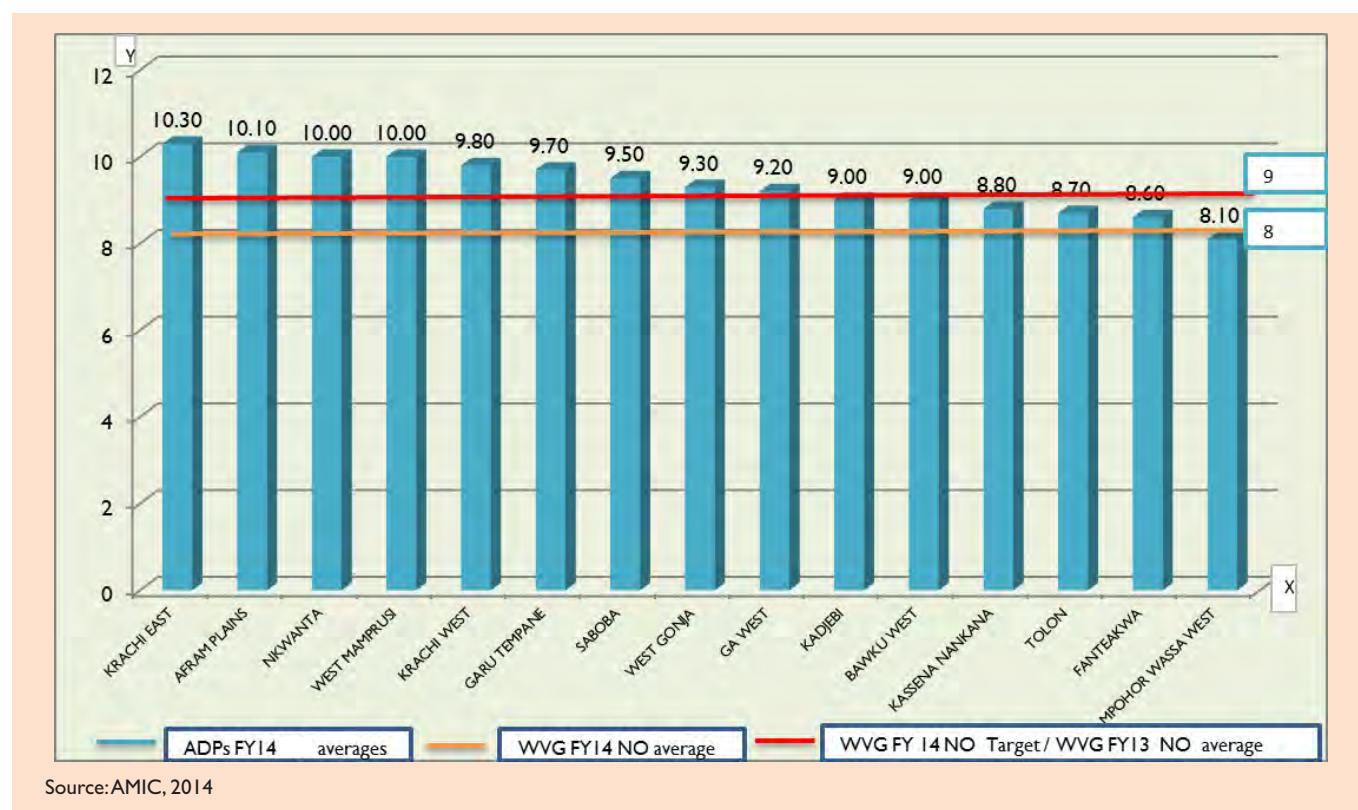
These findings highlight the vulnerability of the northern sector in terms of food security, notwithstanding the several efforts that have been made by past and present governments to improve this situation. According to the UN Comtrade and UN ServiceTrade (2013) food, animals and beverages constituted 16.8% of Ghana's total imports. In view of this, any fluctuations in the exchange rate and world food prices have implications on households' access to food. Thus, the rate of inflation of over 16% at the end of September 2014, occasioned by the depreciation of the Cedi<sup>6</sup> coupled with fuel and utility price adjustments, adversely impacted households' ability to access food after exhausting their own food stocks.

With regard to the proportion of adolescents who rank themselves as “thriving” on the ladder of life, nine (9) out of the 16 ADPs that reported on it had scores above the NO average of 26.54%, with Garu-Tempame ADP topping the list. Three (3) of the seven (7) ADPs that recorded the worst scores (Bawku, Krachi East, and Nkwanta) were also among those that had the worst scores in terms of adolescents who reported going to bed hungry.

## Months of Adequate Household Food Provisioning

This is a proxy indicator used to measure household food access, bearing in mind that food access depends on the ability of households to obtain food from their own production, stocks, purchases, gathering, or through food transfers from relatives, members of the community, the government or donors<sup>7</sup>.

Figure 11 - Months of Adequate Household Food Provisioning



<sup>6</sup><http://www.ghanaweb.com/GhanaHomePage/NewsArchive/artikel.php?ID=321051>

<sup>7</sup>Bilinsky, P & Swindale, A (2010), Months of Adequate Household Food Provisioning (MAHFP) for Measurement of Household Food Access: Indicator Guide, Food and Nutrition Technical Assistance III, version 4.

## Analysis

In FY13, it was reported that households within WVG programme areas had 9 or more months of adequate household food provisioning (MAHFP) while FY14 figure dropped to 8 months or more. Four (4) out of the 15ADPs that reported on this indicator had their figures below the NO threshold. Amasaman, Bolgatanga and Savelugu Operations Bases revealed that in the few months that food is not available, 42% of households reduced the number of meals taken per day, 40% of households reported reducing the quantity while 19% reduced the quality of food consumed. Furthermore, households' food consumption pattern across the ADPs revealed that only 2 had their food consumption score (FCS) within the borderline (28.542) while 11 were acceptable (FCS>42). This means that the dietary intake of the majority of the households was good. But, the fact that four (4) of the FCS are 47 and 53 give cause for concern as they could slide back into the borderline if the prevailing conditions changed for the worst.

### WVG Contribution

- 575 Savings Group have contributed an amount of GH¢1,426,649.00 (equivalent to \$514,107.75<sup>8</sup>) out of which GH¢908,001.74 has been loaned to members to expand their business to support their household wellbeing.
- 3000 farmers were trained on improved agricultural production and storage and FMNR and related NRM techniques to ensure constant availability of food
- More than 200 youth were trained in bee keeping and apprenticeship and 500 households have been supported to undertake rearing of small ruminants and birds to increase animal source protein to household members.

## Sustainability

During the FY13-15 strategic period, modest strides were made on the local ownership, partnership, household and family resilience fronts as follows:

Table 7: Sustainability

Sustainability Driver	Progress
Local Ownership	The SGs concept introduced into the communities has been embraced by the community members with the leadership of the communities leading on the sustainability drive of the SGs model. In the Amasaman Base, for instance, some community chiefs and queen mothers have actively been involved in the process and have started educating their people in the surrounding towns and villages to take advantage of the project's presence in the area to join the SGs in order to mobilize their own financial resources to meet the needs of their families, especially their children's wellbeing.
Resilience and Risk Transfer	The SG models has enabled caregivers' to increase household incomes to insulate them against shocks and vulnerabilities as well as take advantage of economic opportunities in their communities. The ADPs, in collaboration with local CBOs in the communities, have empowered SGs to effectively organize meetings and manage savings generated from the groups. Furthermore, communities have been supported in livelihood activities such as dry season farming, SGs and post-harvest management techniques to build household resilience.
Social Accountability	The capacities of CVA groups have been built on the role of citizens in the accountability framework. This has empowered some CVA groups to engage duty bearers in improving the provision of services in their communities.



<sup>8</sup>Exchange Rate: USD1 to GHC for September 2014 :2.7750

## 4.2.1 VisionFund contribution to Economic Development

VisionFund Ghana (VF Ghana) works to improve the lives of children living in poverty. In 2014, approximately 42,467 children were impacted by the delivery of loan services. In 2013 VF Ghana began gathering data from clients about the improvements in their children's lives. In 2014, a total of 2,768 of sampled clients reported some type of benefit for their children because of the loan the client had received. Almost 75.9% of sampled clients reported three or more benefits as evidenced in the chart below.

The chart two below also shows that the top three benefits reported are improvements in having basic education (81%), sufficient food (79%), and children's health cost covered (59%). VF Ghana in FY15 hopes to continue to capture these reports and will begin to show trends that will help to inform and make further decisions.

Figure 12 Chart One

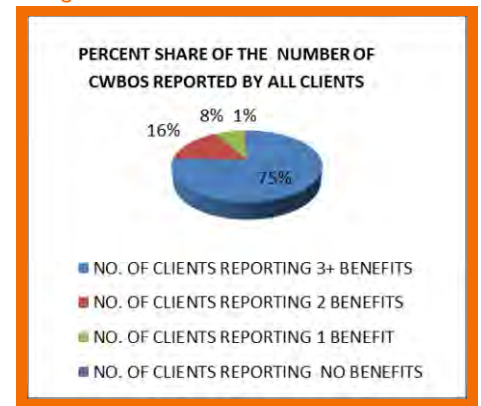
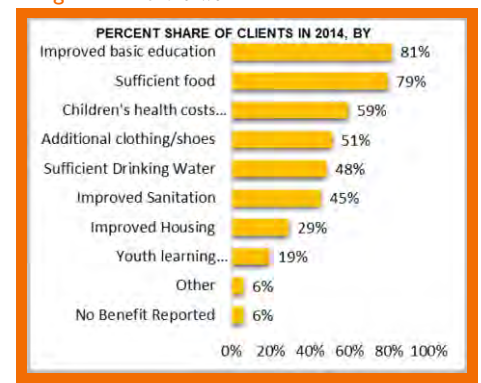


Table 8

Data on Savings Group

No. of ADPs	Number of Groups	Number of Members	Value of savings this cycle	Children cared for by members	Members who care for children
15	1084	36399	2,848,801	48,947	12,230

Figure 13 Chart Two



## 4.2.2 Savings Group Empowers Community in Ghana

'Ke eko ato' (literally meaning 'save some') Savings Group is a group of men and women in the Kashiekuma Community of the Amasaman District within the Greater Accra Region. The group was trained on savings programme by World Vision, Amasaman Area Development Program (ADP). This 30 member Savings Group elected five leaders and wrote a constitution that governs them. They then started the process of saving as a group by buying shares of GH¢ 5.00 (\$1.21) a day but limited to a maximum of 5 shares in a week. Each member of the group also has an opportunity to take a loan with an interest of GH¢ 1.25 (\$0.30) per share. The process goes on for a full year and at the end of the year, the group meets to do a share out of the savings and interest that has been accumulated over the year after which another cycle begins.



Some members of the 'Ke eko ato' Savings Group in a pose with WV Staff.

Most of the people in Kwashiekuma are peasant farmers who do not have enough money to cater for their children's educational needs during the planting season. However, the savings and loans programme has taught them how to save. The advantages of the loan scheme is being able to get a loan to pay for their children's school fees when needed and being able to buy school materials when school reopens even in the planting season. The loan scheme has helped members of the "Ke Eko Ato" Savings Group to keep their children in school.

Members of the 'Ke eko ato' Savings Group said they were excited about the fact that any member in need could take a loan from the group. Mabel Nyarko, a group member said "I wasn't working but when I joined the 'Ke eko ato' Savings Group, I was able to take a loan from the group and start petty trading and now I am able to support myself and my three months old baby. God bless World Vision for coming to educate us on savings and loans which has been a great benefit to us and the community".

The group has therefore decided to save for two years instead of the normal one year cycle to gain more interest that will be used to start a community savings and loan bank. The chairman, Mr. Mills noted if they are able to achieve their goal of establishing a bank, it will bring about employment opportunities for the youth of the community.

Mr. Mills said "Just about a year ago at a time when we were going through financial crisis, we didn't have money to pay our children's school fees, clothe them or pay for extra classes, a group from World Vision came to our community and encouraged us to save by making group contributions." Residents of Kwashiekuman expressed their gratitude to World Vision for taking interest in their lives by teaching them basic financial services to help them manage their lives.

Story by: Joseline N. Annan

**'I am able to support myself and my three month old baby'**



Mabel and her child smiling



### 4.2.3 Business Processing Outsourcing (BPO) Project

In contributing to WVG strategic objective of improved household food security and resilience for 1.9 million people which has a focus on increasing economic opportunities for youth (18-24 years), WVG collaborated to Rockefeller foundation to promote youth economic empowerment in WVG Amasaman Operational area by leveraging ICT infrastructure.

The Centre has provided ICT skills training to over 30 youth in data management (data entry, verification and transcription), video caption and picture editing, customer care and technical support and market research).The project has currently employed 17 people on a short-term contract basis.This project has enabled youth to have access to regular income to take care of their daily needs, support their families and pay for their evening school classes to better their grades in other to continue their education.



The project secured a scale up of video caption jobs ranging between 2,500 to 25,000 from World Vision Germany after satisfactory quality work done. Also, contract has been signed with C.Woermann to provide outbound call services to about 1,000 clients. These prospects will create employment opportunities for additional 30 youth in the project area.

### Testimonial of a beneficiary



*Humu Issah*

21 year old Humu Issah is an old student of Amasaman Senior High School who decided to work right after graduation. Humu started applying for jobs while she was in school and even after she graduated in the year 2013 but to no avail. Humu didn't lose hope but continued to search for job opportunities while helping her mother in her trade for close to seven months. It was during this time that her uncle offered her a two month project contract with a company called Zakat Organization. Fortunately, when the contract ended, a friend told Humu about Vision Tech Foundation Ghana and its job opportunities. She quickly applied and was offered employment with Vision Tech Foundation. Vision Tech Foundation offered Humu a life changing experience. Since she started working, she has acquired IT & Research skills and has improved in typing speed. "My confidence level has increased and Vision Tech has helped me financially and I'm able to support myself and other things in the home. Vision Tech is known for rendering job opportunities to the youth and I hope there would be a time where Vision Tech would be the largest job opportunity to the youth in society", Humu

## 4.3 Strategic Objective 3: Health, Nutrition, HIV and Aids

Figure 14



### Summary of Logic Chain

In Ghana, 3 in 10 women and 8 in 10 children under five years of age suffer from some form of under nutrition, including stunting, underweight and wasting as well as anaemia; and deficiencies in iron, iodine and vitamin A<sup>9</sup>. Antenatal Care (ANC) which is an opportunity to promote the use of skilled attendance at birth and healthy behaviours continue to be missed, even though two-thirds of pregnant women receive at least one antenatal visit<sup>10</sup>.

According to the 2013 national HIV prevalence estimates and AIDS projection report, the estimated number of persons living with HIV and AIDS in Ghana in 2013 was 224, 488, made up of 34,557 children. In the same year, 2,407 of an estimated 7,812 new infections occurred in children. The annual total AIDS deaths were 10,074 and approximately 22% were children.

Reaching the MDG targets of reducing child mortality by two-thirds, halting and beginning to reverse the spread of HIV and AIDS, incidence of malaria, and reducing by three-quarters maternal mortality ratio between 1990 and 2015 requires universal coverage of health services by deploying effective, affordable evidenced-based interventions such as : antenatal care, care for newborns and their mothers; infant and young child feeding; vaccinations, prevention and case management of pneumonia and diarrhea as well as reproductive health education. It is for these reasons that WVWG seeks to 'improve the health and nutritional status of 1.3 million children under five including the most vulnerable'. This strategic objective contributes to CWBT 2 and 3 on 'Increase in children protected from infection and disease' and 'Increase in children who are well-nourished'.

The models/ approaches used to address malnutrition and childhood illnesses included: Essential Nutrition Actions (ENA), Community Based Management of Acute Malnutrition (CMAM), Infant and Young Child Feeding (IYCF), Mother-to-Mother-Support-Group (MTMSG) and Dietary Diversification and modification and Integrated Management of Newborn and Childhood Illness (IMNCI). For HIV and AIDS control and prevention, models employed can be seen in figure 15 below.

Figure 15 - HIV & AIDS Approaches & Models



<sup>9</sup>Ghana Health Service, 2011: Ghana PROFILES. 2011. Research conducted by the Nutrition Department of the Ghana Health Service and with technical assistance from the USAID-funded Food and Nutrition Technical Assistance III Project (FANTA).

<sup>10</sup>2004 Joint statement by WHO, ICM and FIGO, endorsed by UNFPA and the World Bank

Table 9: Resources used for Health, Nutrition and HIV and AIDS

Projects that contribute to Strategic Objective	Amount spent (\$) by the ADP in achieving the objective	Source of Funding	Number of technical Staff	Key Partners working with to achieve the objective at the ADP level.	Direct Beneficiaries
World Vision Ghana Health, Nutrition and HIV and AIDS Projects	\$3,200,000 million (\$2,572,252 on Health; \$478,827 on HIV and AIDS; \$129,398 on Nutrition)	Sponsorship Grant PNS	12	DA, MOFA, BAC, VisionFund, NADMO	1.2 million children comprising 675,000 boys and 761,000 girls

The interventions implemented by ADPs contributed to the following outcomes in Table 10

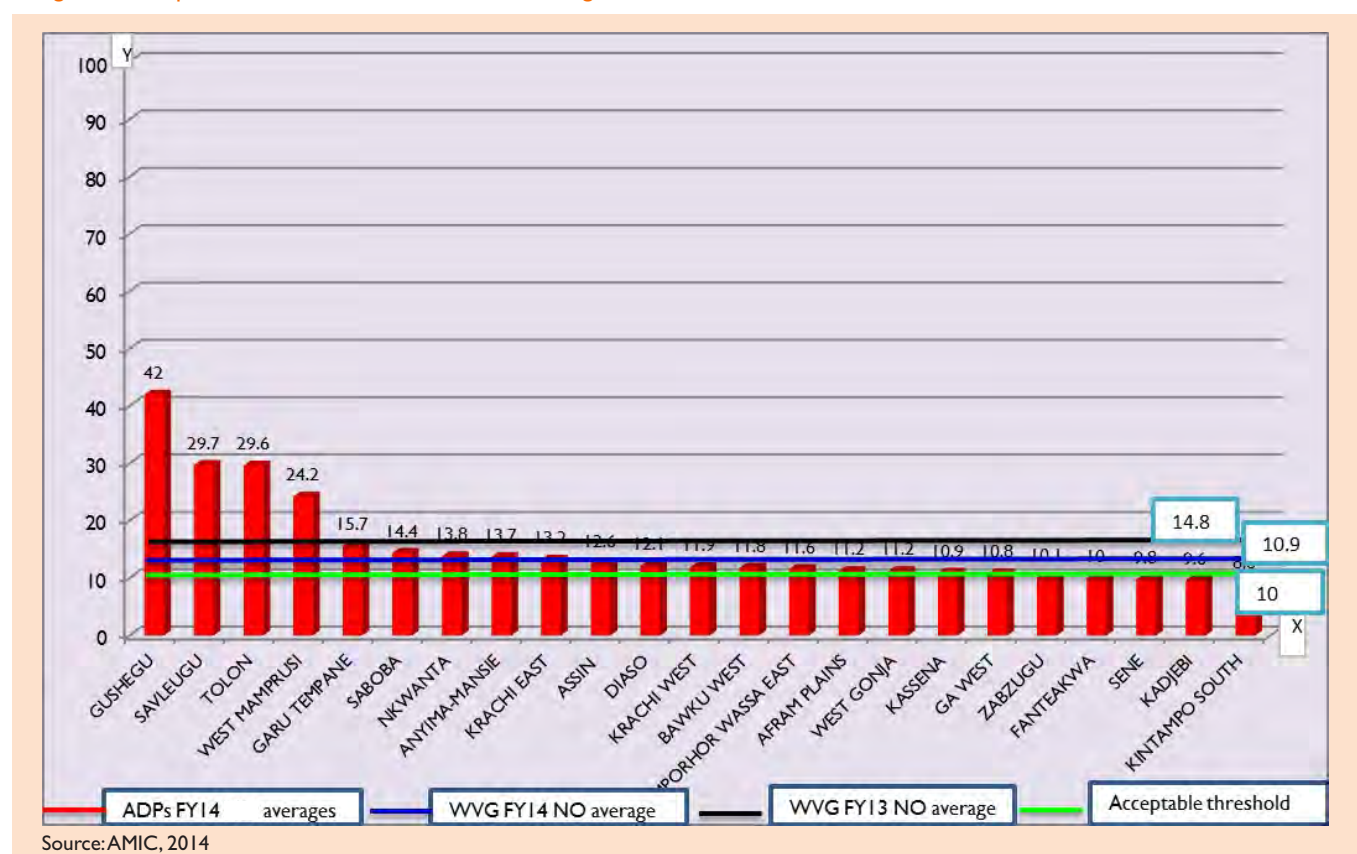
Table 10: Outcomes and Indicators for Health, Nutrition and HIV and AIDS

Outcome	Indicators of Measurement
Improved nutritional status of children under five	% of Children Under Five Underweight, Stunting and Wasting % of children (0-6 months) exclusively breastfed
Reduced child (0-5years) and maternal deaths	% of infants (0-23months) whose births were attended by skilled birth attendants % of mothers of children 0-23 months who had FANC (4ANC) visits RC Deaths
Reduced impact of vaccine preventable diseases and malaria on children and mothers	Coverage of essential vaccines among children Proportion of households where all children under 5 years slept under a long-lasting insecticide-treated net (LLIN) the previous night
Reduced impact of HIV and AIDS on youth and children	% of HH with comprehensive knowledge of HIV and AIDS

## Analysis & Achievement

### 4.3.1 Nutritional Status of Children Under Five (U5)

Figure 16- Proportion of Children Under Five Underweight



Annual Monitoring of Indicators for Child Well-being (AMIC) survey revealed that 10.9% of children under five were underweight compared to 14.8% in FY13. From figure 16, all ADPs with the exception of Fanteakwa, Kadjebi, Kintampo and Sene recorded prevalence above the WVG average (10.9%) and the WHO acceptable threshold of <10%. Out of the 23 ADPs assessed, 19 recorded prevalence ranging between 10.1% and 42%. The worst performing ADPs were in Savelugu and Bolga Bases where 10 ADPs recorded between 10.1% and 42% prevalence. In the Kumasi Base, only Kintampo South ADP out of 5 ADPs surveyed had underweight prevalence within the acceptable threshold of <10% while the rest were above the threshold (10% - 14%). All the eight (8) ADPs in the Amasaman Base which participated in the survey obtained prevalence ranging between 10% and 14%.

On the whole Gushiegu, Savelugu and Tolon-Kumbungu ADPs recorded the highest proportion of children underweight of 42%, 29.7% and 29.6% respectively. Kintampo South ADP recorded the lowest prevalence of 8.8%. Furthermore, 70% of ADPs recorded prevalence within the medium range in FY14 compared to 79.1% in FY13. FY14 results also showed a decline in the number of RCs who were severely underweight from 64 (FY12), 44 (FY13) to 0 (FY14). Similarly, there was a decline in stunting prevalence from 27.3% (AMIC, 2013) to 17.7% in FY14 as well as in wasting prevalence from 8.7% in FY13 to 4.5% in FY14 compared to the WHO thresholds of <20% and <5% respectively.

From figure 16, it is evident that 12 ADPs performed better than the Ghana national underweight prevalence of 13%<sup>11</sup> and the WVG Baseline survey prevalence of 28.9%<sup>12</sup>. Evidence shows that northern ADPs (Tolon, Bawku West and Kassena) which recorded very low scores on Months of Adequate Food Provisioning (MAHFP)<sup>13</sup> scale also recorded higher underweight prevalence among children under five. The Food Consumption Scores (FCS)<sup>14</sup> showed that Bawku West, Kassena were below the acceptable threshold while households in Saboba, Tolon and Mamprusi stood the risk of falling below the threshold since their scores were marginally above the cutoff score. The high underweight prevalence in these ADPs could be attributed to poor breastfeeding practices among caregivers as WVG FY 14 AMIC survey showed that most ADPs in the north which recorded low exclusive breastfeeding rates of between 19% - 30% also registered high underweight prevalence.

The WVG national coverage of children who were exclusively breastfed up to 6 months is 95.5% compared with FY13 coverage of 67.0%. Despite the high NO coverage only eight (8) out of the 24 ADPs reported above the threshold of 80% to 10 out of the 22 ADPs recording coverages above the threshold of 80% in FY13. However, 10 out of 24 ADPs also achieved the WVG FY15 target of 70% with coverage ranging 77%-100%.

Reasons for the relatively good performance with respect to underweight prevalence of Kintampo South, Sene and Kadjebi ADPs could be due to the sustainability of the health, nutrition and appropriate child care practices established under the ENHANCE and IMHAT projects including the formation and training of MTMSGs. Available data revealed that 265 MTMSGs are functioning across 24 ADPs.

### WVG Contribution

- 265 MTMSGs established are functioning across 24 out of 31 ADPs in WVG operational areas.
- 4,230 mothers in 12 ADPs and 226 food vendors in 1 ADP were trained through food demonstration sessions using nutrient-dense and locally available foods.
- 3,489 caregivers in 13 ADPs were educated on appropriate feeding and child care practices.
- Training of 141 nutrition volunteers in 19 ADPs on the promotion and protection of breastfeeding through mother-to-mother support group structures using the Essential Nutrition Actions (ENA) Model.
- Organized dialogue with parliamentary select committee on health for increased budget for maternal and child health care.

### Recommendations

- Support from more fathers for their wives in respect of ANC and growth monitoring activities should be solicited for improved maternal and child health.
- WVG should advocate for government to increase the numbers of qualified and motivated health staff at all levels in the health service delivery system.
- Advocate to increase in Maternity Leave from 3 to 6 months
- WVG and GHS should build the capacities of community volunteers in safe motherhood policy.

<sup>11</sup>Ghana Statistical Service, 2011. Ghana Multiple Indicator Cluster Survey with an Enhanced Malaria Module and Biomarker, 2011, Summary Report of Key Findings. Accra, Ghana: Ghana Statistical Service

<sup>12</sup>WorldVision Ghana, 2013. Baseline Survey Report. Accra, Ghana: WorldVision Ghana

<sup>13</sup>MAHFP measures the availability food in Households for at least 9 months of the year.

<sup>14</sup>FCS measures the right nutritional value/proportion of food consumed by households.

### 4.3.2 Immunization against Vaccine Preventable Diseases

The graph below shows the status of immunization for ADPs as verified by vaccination card (only) for the year under review.

Figure 17 - Coverage of Essential Vaccines in 23 ADP

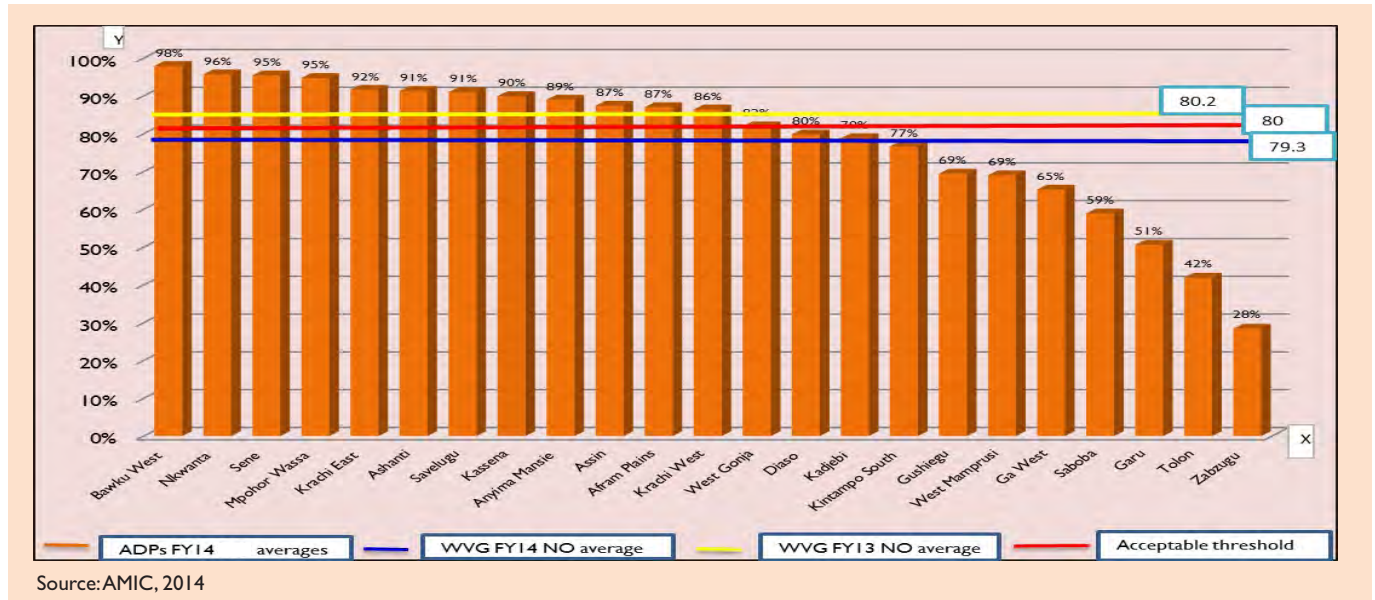


Figure 17 reveals that, the proportion of infants who received essential vaccines against childhood illnesses verifiable by a vaccination card was 79.3% in FY14 compared to 80.2% in FY13. This coverage compares favourably with the WHO acceptable threshold of 80%. This notwithstanding, it was observed in FY14 that coverage for children who received vaccines according to schedule by 52 weeks of age was only 45.4%. This indicates that more than 50% of children do not have optimum immunity from vaccinations received. This is critical and requires the attention of WVG and its partners.

Out of 23 ADPs, 13 recorded a high crude coverage above the WHO threshold of 80%. However, in terms of actual immunity per recommended schedule, all 23 ADPs fell below the 80% WHO threshold. High default rate may have accounted for the low valid coverage.

ADPs with high immunization coverage attributed the improvement observed to effective collaboration with GHS which enabled intensified community education. In all, 30,407 mothers and caregivers were trained on the importance of immunization.

In the Bawku West ADP for instance, the high coverage (97.9%) recorded was attributed to the monthly educational sessions using the Community Information Center platforms. However, this did not reflect in valid immunization coverage. Success stories from ADPs that recorded high coverage mentioned the adoption of community-centered immunization activities which were supported by WVG through training, logistical and financial assistance.

**WVG Contribution**

- WVG supported GHS with cold chain equipment to assist in vaccine storage and provided fuel to reach remote communities in ADPs hence boosting immunization coverage in most ADPs.
- Collaborated with GHS to educate 30,407 mothers and caregivers on the importance of immunization.
- Built capacities of 214 Community-Based Surveillance Volunteers (CBSVs) in 12 ADPs to support immunization programmes in hard-to-reach communities.

## Key Learnings

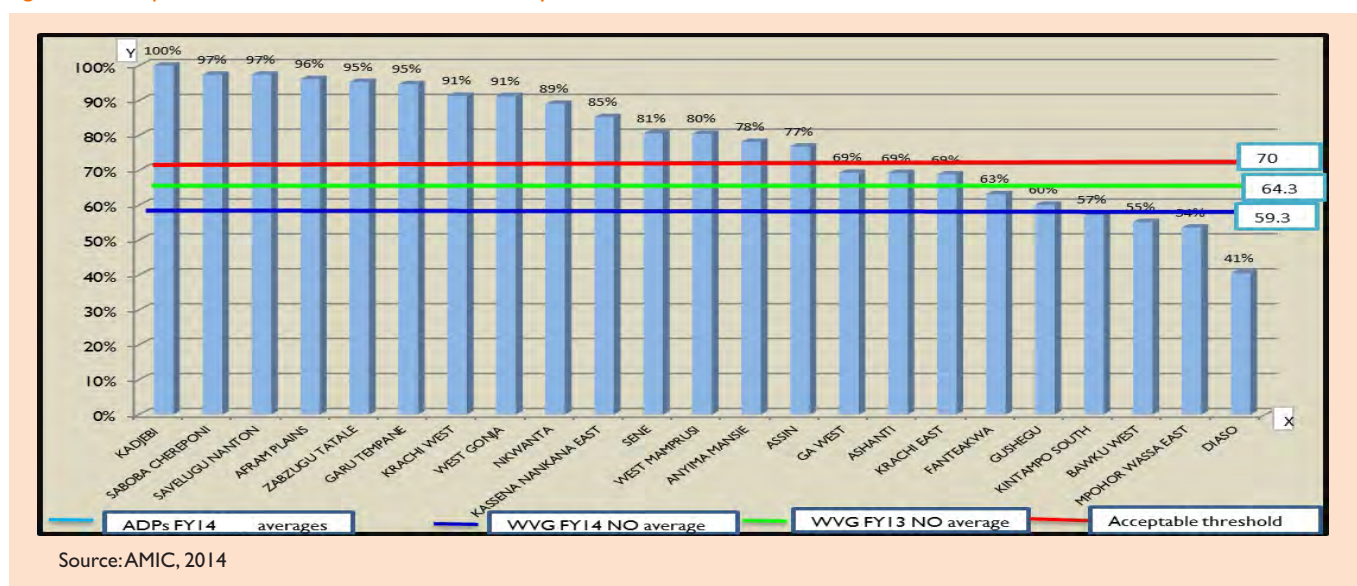
- It was realized that though nationally, the crude coverage of immunization was very high among many ADPs, therefore giving an overall national coverage of 79.3%, valid coverage that highlights actual immunity for all antigens per schedule among under-fives was very low recording only 45.4% nationally. This implies that many children in our programming areas are reached with vaccines after their first birthday (as against the WHO standard of before 12 months) showing a huge gap between crude and valid immunity.

## Recommendations

WVG will liaise with GHS to reach more children in ADPs with the required vaccines on schedule as per WHO recommendation to boost valid coverage.

### 4.3.3 Delivery Care

Figure 18 - Proportion of Infants who were delivered by skilled birth attendants



The national average coverage for children 0-23 months of age who were delivered by a skilled birth attendant for FY14 and FY13 were 59.3% and 64.3% respectively, falling below the WHO acceptable threshold of 70%. From figure 18, out of 23 ADPs surveyed, coverage for four (4) ADPs fell below the FY14 average coverage. Close to half (11) of the ADPs obtained coverage above the WHO threshold of 70%. The major reason given for the low coverage included inadequate numbers of qualified health personnel in the remote areas making it difficult to access essential services including ANC and skilled delivery. In such areas, services of Traditional Birth Attendants (TBAs) are readily available and often utilized by pregnant women. The high performing ADPs ascribed their achievements to the support GHS received from WVG for community education activities on the importance of ANC services and supervised deliveries reaching 30,407 mothers. ADPs such as Saboba, Krachi West, Afram Plains, Kadjebi, Garu, and Savelugu, which recorded high ANC coverage, also recorded high skilled delivery coverage. Overall, mothers of children 0-23 months who had the minimum four (4) ANC visits increased from 74% (FY13) to 82.45% (FY14). It was observed that the involvement of Mother-to-Mother Support Groups (MtMSGs) in community activities was very instrumental in bringing about the positive change.

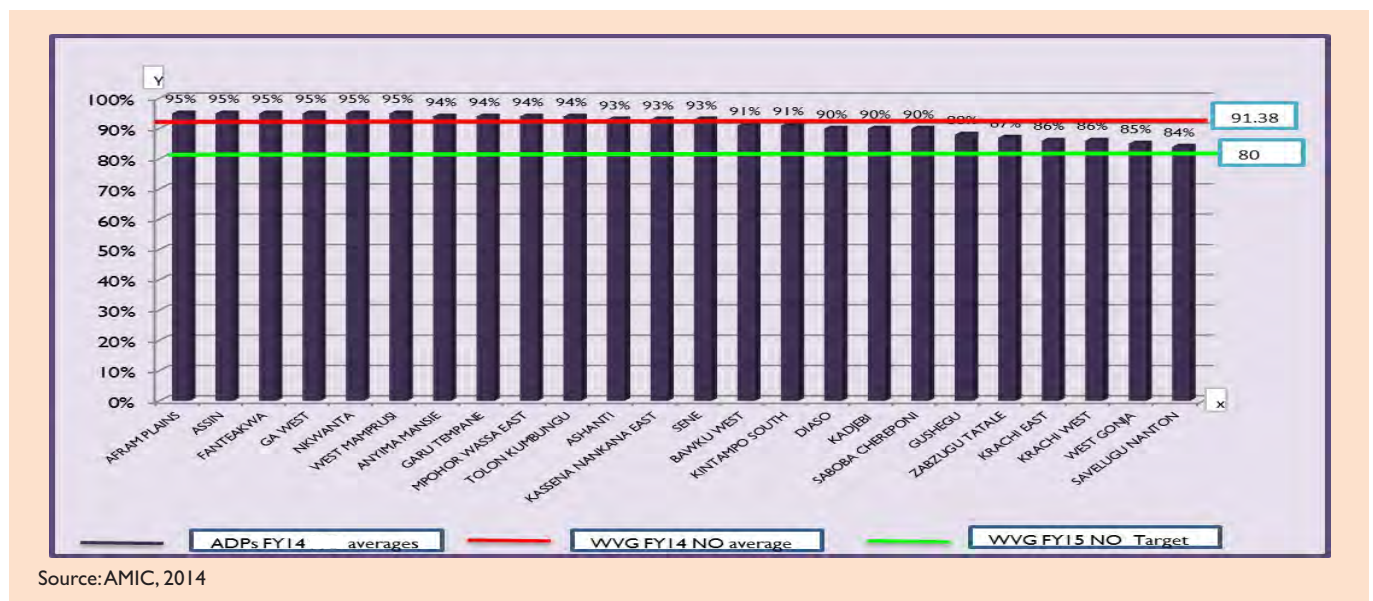
## WVG Contribution

- WVG continued to support GHS to intensify education on free maternal health policy
- WVG through CHN campaign and in collaboration with the Ghana Coalition of NGOs in Health engaged Ghana Parliamentary Sub-committee on Health on issues bothering on children including budget allocation and proposed the putting in place of a comprehensive incentive package for health staff who accept posting to remote areas of the country
- Collaborated with GHS to certify seven (7) Health facilities as Baby Friendly in Krachi East ADP.
- Educational sessions on ANC were held in 22 ADP communities reaching 30,407 mothers and caregivers.

### 4.3.4 Knowledge of HIV and AIDS among Households

An essential component of the global response to HIV prevention is to empower community members with knowledge on the modes of transmission and prevention methods for HIV. Knowledge of HIV prevention increases with increasing education and wealth<sup>15</sup>. Figure 19 shows the HIV and AIDS knowledge levels among households in WVG programming area.

Figure 19 - Proportion of HH with comprehensive knowledge of HIV and AIDS prevention



In Figure 19, the high coverage between 84% and 95% across 24 ADPs for household's knowledge of HIV prevention exceeded the WVG FY14 target of 80%. Despite the high knowledge of HIV prevention among households there are regional variations in WVG operational areas. In the Amasaman Operational Base in the Southern belt of Ghana, four (4) ADPs (Ga West, Afram Plains, Fanteakwa and Nkwanta) each recorded 95% coverage while the remaining four (4) obtained coverage between 86% and 94%. In the Savelugu Operations Base, in the Northern belt of Ghana, Tolon and Savelugu ADPs recorded 84% and 94% coverage respectively. The Kumasi Base is in the middle belt of Ghana and six (6) ADPs under this Base obtained coverage between 90% and 95%. Overall, Ga West, Afram Plains, Fanteakwa and Nkwanta ADPs obtained the highest coverage of 95% each while the lowest was Savelugu ADP with coverage of 84% with the national coverage of 91.38%.

With respect to knowledge of modes of HIV transmission, 79% of respondents said being faithful to one's partner will prevent the transmission of HIV from an infected person, 81% of household cited abstinence from unprotected sex as a way of reducing HIV infection, 76% said HIV could be transmitted from a pregnant woman to their child.

<sup>15</sup>GDHS Report, 2008

This high knowledge level of HIV among households has impacted positively on stigma and discrimination against People Living With HIV and AIDS (PLWHA). Eighty-one (81%) households assessed said they will care for a PLWHA; 41% however said they can share a meal with a PLWHA; 65% said a teacher infected with HIV will be allowed to teach their children, 71% of households said they will allow students living with HIV to attend school with their children and 52% said they will keep the identity of PLWHA secret and treat them the same as others in the community if they get to know.

The high knowledge levels in most ADPs stemmed from intensified community outreaches and campaigns, peer education in schools and education, testing and counselling of pregnant women during ANC, and routine visits of GHS

### WVG Contribution

- 10 ADPs adopted the Channels of Hope (COH) model and trained 844 (744 men and 100 women) faith leaders. They are expected to interact and sensitize communities on HIV prevention.
- The SCASO project also used the C-Change Approach to reach 47,597 (26,169 females and 21,410 males) youth and care giver groups with comprehensive knowledge in HIV prevention in 10 districts in Ghana.
- Five hundred and ninety-seven (597) peer educators were trained and formed 51 "ALERT" clubs to reach 34,733 by the SCASO project in 10 districts in Ghana.
- Eight hundred and forty-seven (847) (381 boys and 466 girls) peer educators were trained 14 ADPs and led to the establishment of 61 HIV ALERT clubs in schools.





### 4.3.5 Malaria Prevention and Management

Figure 20 - LLIN usage among children under-five in WVG operational areas

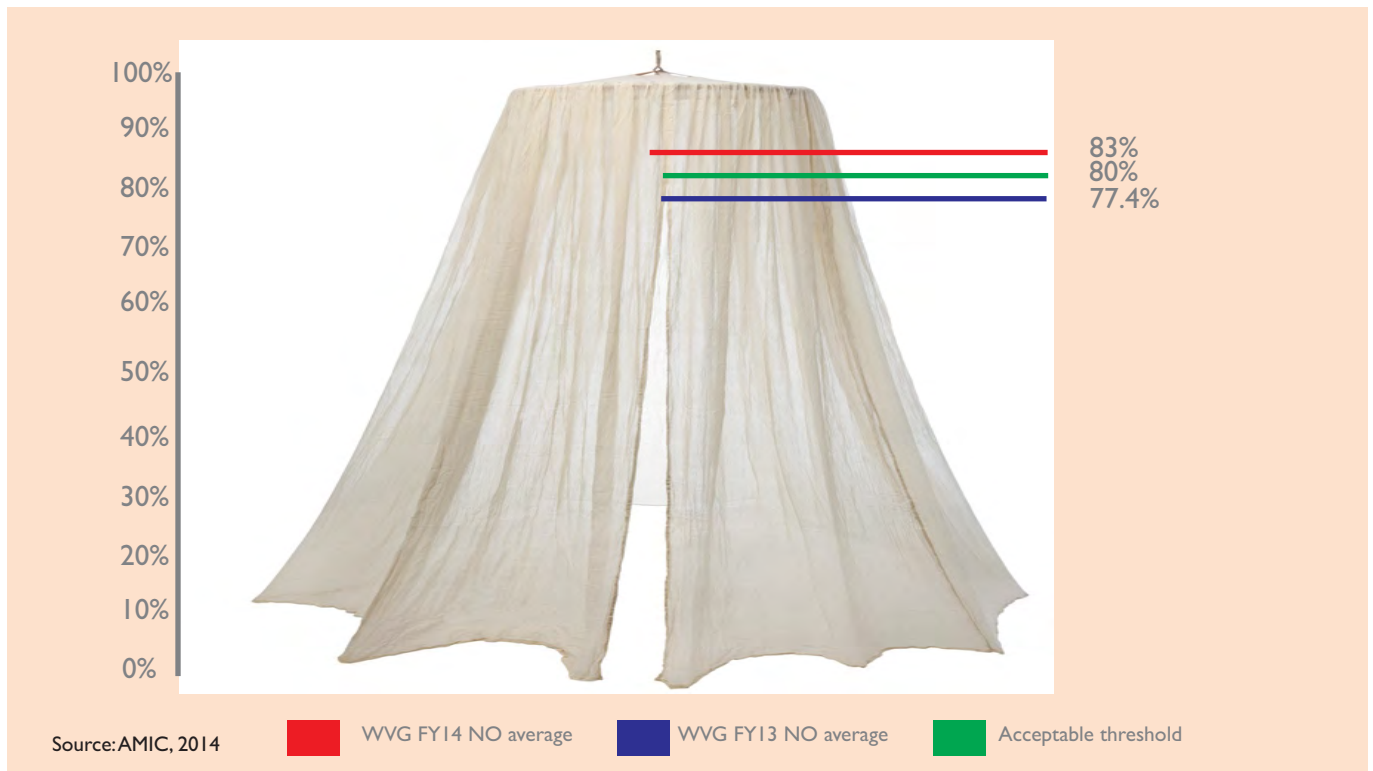


Figure 20 shows that average LLITN usage among children under five has increased from 77.4% in FY13 to 83.3% in FY14. This is higher than WHO threshold of 80%. Eight (8) ADPs<sup>16</sup> recorded figures below WHO target of 80%. SabobaADP recorded the highest coverage of 100% while ZabzuguADP recorded the lowest coverage of 48.2%.

The high usage is as a result of sustained education on malaria prevention and management particularly targeting pregnant women and nursing mothers during ANC visits to health facilities where free LLITN were distributed as well as sustained activities of MTMSGs in communities. In ADPs that recorded low coverages cited discomfort as the main reason.

**WVG Contribution**

- WVG donated to the Ministry of Health Anti-malaria medicine (Tablet of Artesunate Amodiaquine) worth US\$13,365.00 (GH¢32,075.21) to support the Home Based Care Programme implemented by the Ghana Health Service (GHS) to assist in reducing the incidence of malaria especially among children under five years and pregnant lactating mothers.
- WVG collaborated with GES/GHS in the provision of fuel to distribute 84,000 LLINs to school children across the 24 programming area.
- Through Interfaith cooperation, Atetebu ADP facilitated Muslim and Christian leaders to sensitize about 800 members on malaria prevention.

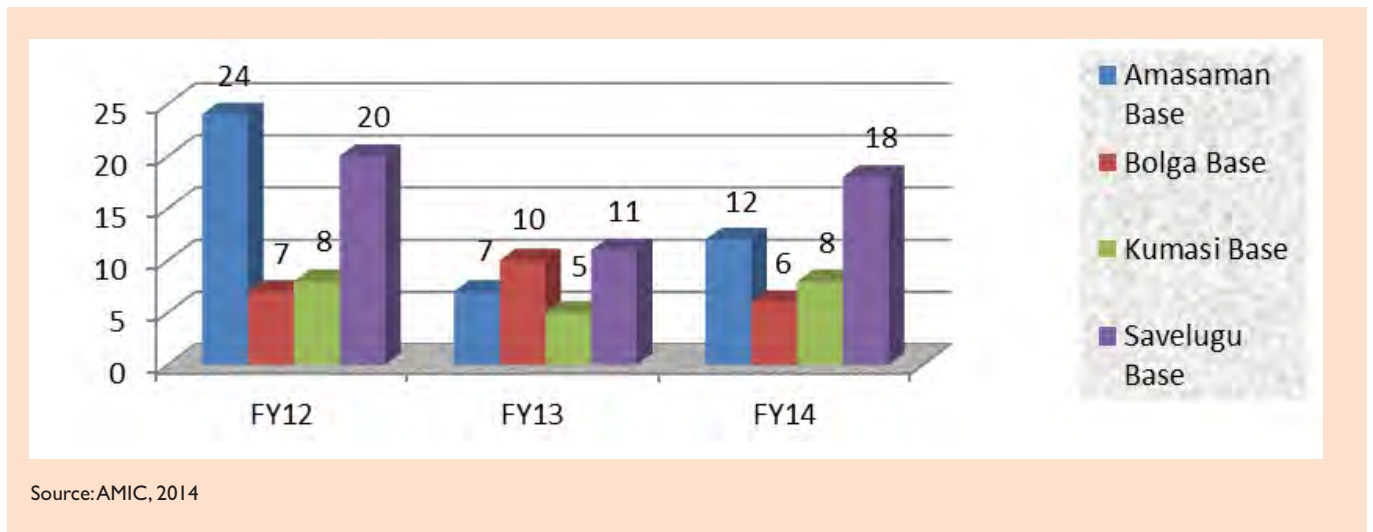
#### Key Learnings

- Peer-led discussions and counselling by MtMSGs was instrumental in ensuring a reduction in malaria prevalence through the use of LLINs.

<sup>16</sup>Zabzugu, Gushiegu, Diaso, Kintampo South, Garu Tempone, Kadjeibi, Nkwanta and Savelugu

### 4.3.6 Number of RC Death

Figure 21 - RC Death FY 12 - FY14 by base levels in WVG Operational Areas



During the year, 44 children passed away as compared to 33 in FY13. The data as shown in figure 21 reveals 12 RC deaths for Amasaman Base, six (6) for Bolga Base, eight (8) for Kumasi Base and 18 for Savelugu Base. Comparing FY13 and FY14, there has been an increase of 25% in RC deaths. The main reported causes and symptoms were stomach aches (11), malaria (6), anaemia (3), diarrhoea (3) and other natural causes such as flood drowning and lightening. Factors contributing to increased RC deaths include cultural beliefs and practices which invariably promote poor health seeking behaviours among community members. Education will be intensified in communities to address these.

#### Key recommendation to address

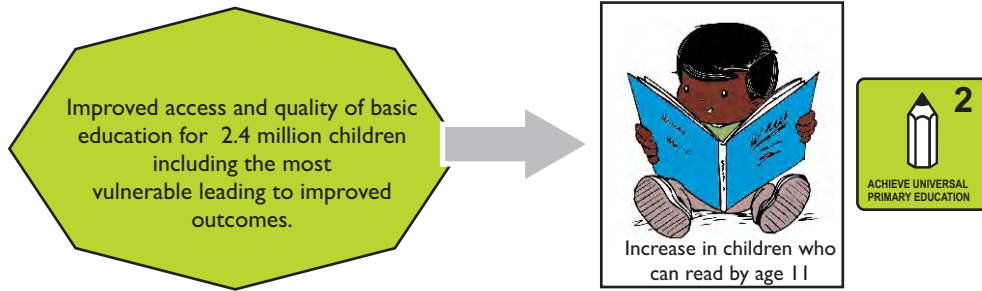
Sponsorship education should be intensified to address cultural practices that inhibit hospital attendance and proper referral mechanisms on child health at community levels.



A child being immunized

## 4.4 Strategic Objective 4: Education

Figure 22: Strategic Linkages



### Summary of Logic Chain

Education is at the very heart of our current and future prosperity. Ensuring that all children are assured of quality basic education is not only a child wellbeing aspiration but it is an investment in our collective future. World Vision's education programme seeks to assure that children attain the core skills in literacy, numeracy and life skills to enhance their capacity to go on to lead a productive and fulfilling life. To assure these objectives, our programming interventions seek to address the WVG strategic objective 4, which is to improve access and quality of basic education for approximately 2.4 million children including the most vulnerable leading to improved learning outcomes. World Vision Ghana is targeting in the short term to improve CWBT: Increase in children who can read by class six completion. This will be achieved through targeted interventions to improve: access to education in deprived communities, children read, and write and use numeracy skills, boys and girls complete basic school, and increased capacity of communities to participate in education delivery.

Table 11: Resources used for Education

Projects that contributed to Strategic Objective 4	Amount Spent (\$)	Source of Funding	Number of Technical Staff	Key Partners	Number of Beneficiaries
WVG Education Projects	5.9 million	Sponsorship GIK- Educational Supplies	1	Ghana Education Service, District Assemblies, PTAs/SMCs	141,020 made of 40% male and 60% female

The under listed indicators in table 12 were used as standard for measuring the achievement of the education project. The key tools used in measuring progress towards the goal were Functional Literacy Assessment Tool (FLAT), Early Grade Reading Assessment (EGRA) and the SMC tool.

Table 12: Outcomes and Indicators for Education

Outcomes	Indicators of measurement
Improved access to education in deprived communities	% of schools with functional SMC and PTA GER
Children read, write and use numeracy skills	% of children who are able read with comprehension by primary 6 % of children who are able read with comprehension by primary 3



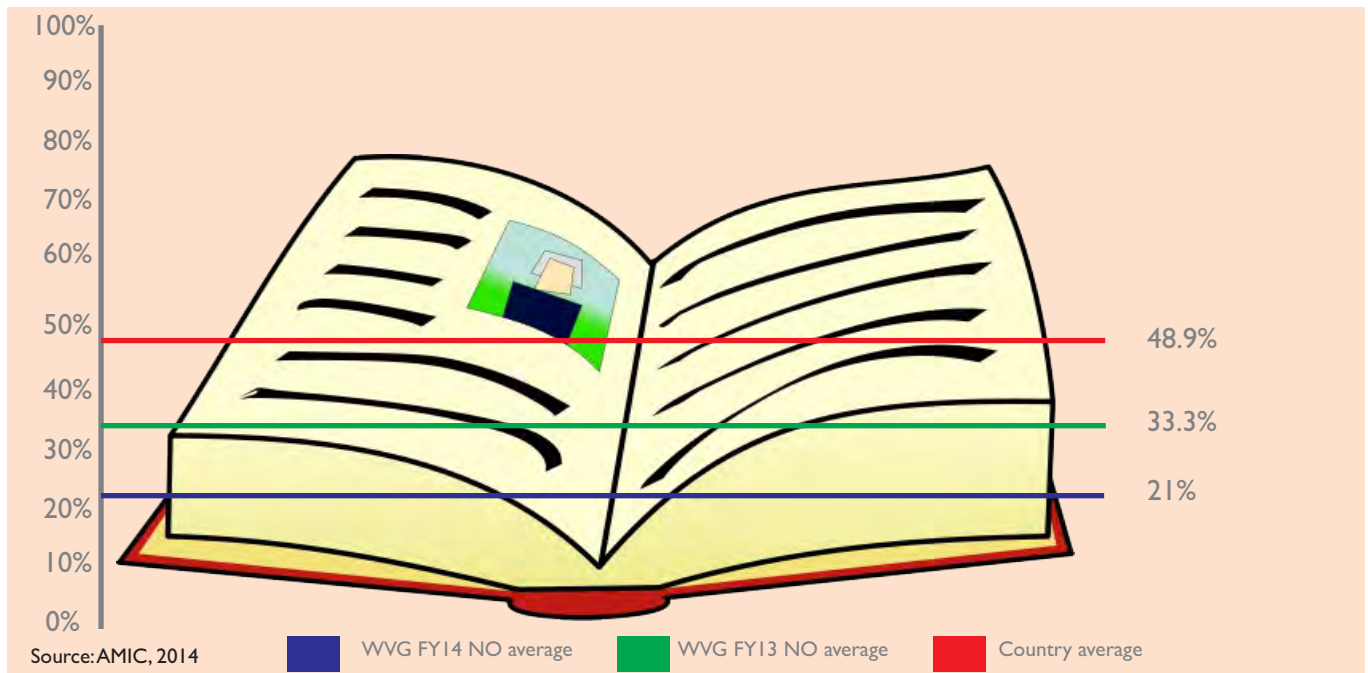
Children educated for life

## Analysis & Achievement

### Functional Literacy of Children

In 2013, WVG measured Functional Literacy at completion of grade six only. However, recent interest in equipping children to read fluently with comprehension at an early grade has necessitated the addition of Early Grade Reading Assessment tool.

Figure 23 - Proportion of Children able to read with Comprehension by Primary 6 Completion



Twenty-one percent (21%) of children were able to read with comprehension by primary six (6) completion. This represents a decline from FY13 (33.3%). None of the ADPs recorded figures above the Country average of 48.9% (NEA 2013). Ga West ADP recorded the highest score of 40% while Afram Plains ADP recorded the lowest of 3%.

Savelugu Base recorded 25%, Kumasi Base 21%, Amasaman Base 20% and Bolga Base 18%. Thirteen (13) ADPs out of the 22 fell below the FY14 average of 21% of children who can read with comprehension by completion of class six (6). Majority of ADPs that were averagely low in FY13 have not seen any significant improvement. The poor reading abilities of children in WVG's programme areas is attributed largely to a number of reasons including; lack of good parental support, teacher absenteeism, and poor teaching methods in the foundational years.

The EGRA survey revealed that none of the 22 ADPs, who programmed around early grade reading in English by completion of primary three (3), achieved the WVG FY14 target of 25%.

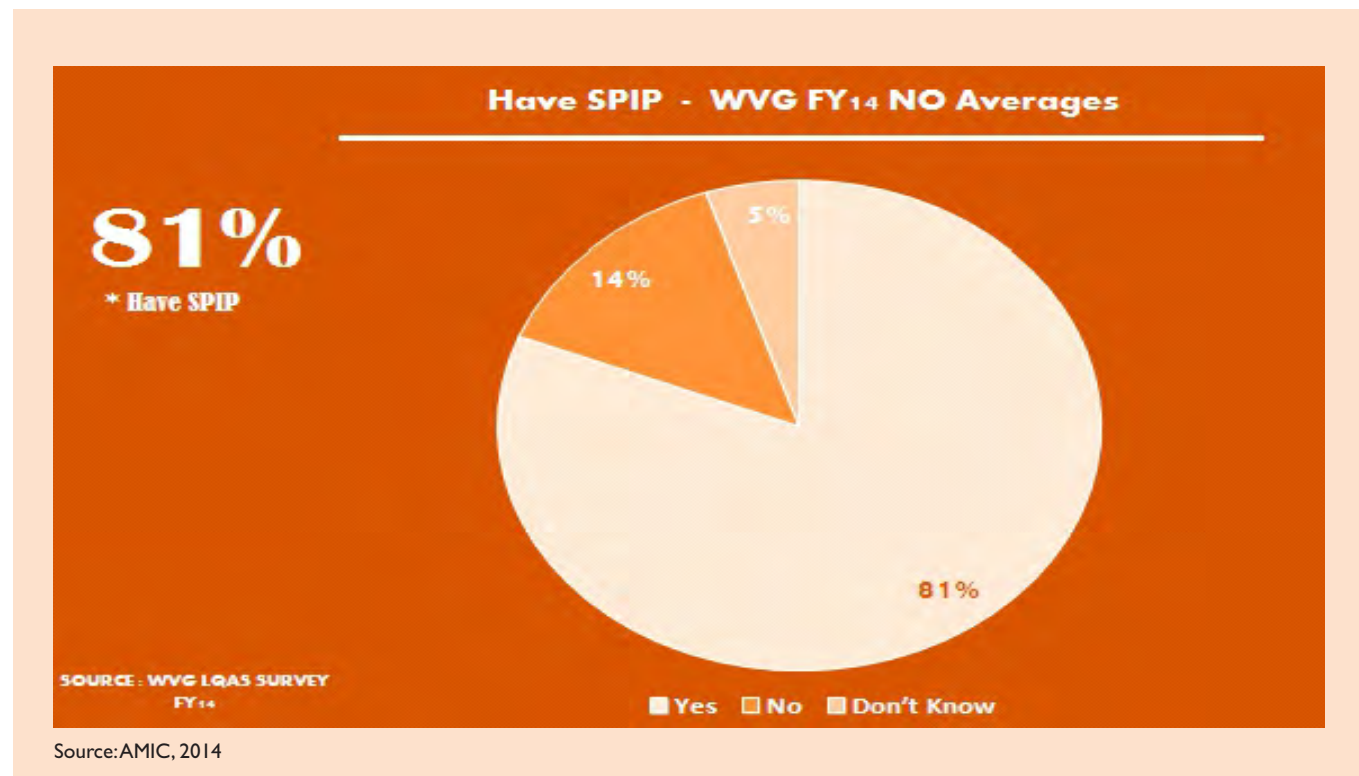
### WVG Contribution

- Capacity building for 975 teachers from Kindergarten 1 to Grade Six in Ten Districts
- Development of 60 new titles of supplemental reading materials through the shell books methodology in three (3) Districts; Fantakwa, Mpohpo and Ga West to increase reading books in programme communities
- Distribution of 2,988 Voltic Tutu desks to selected schools across 10 ADPs
- Distribution of 340 android tablets with the introduction of Ghana Reads project in four districts in collaboration with Open Learning Exchange
- Distributed level appropriate books at a cost of GH¢1,350,892.08 under the Gift-in-Kind project
- Support after-school reading club activities for 9900 children in 22 ADPs
- Constructed 5 disability friendly washrooms and two six-unit classrooms

## Community Involvement in Education

Parent Teacher Associations (PTAs) and School Management Committees (SMCs) are key actors in quality education delivery. To improve access to quality basic education therefore, functional PTAs/SMCs in basic schools is critical. As part of interventions, ADPs continue to build the capacities of SMCs/PTAs on preparation of School Performance Improvement Plans (SPIP) and hosting of School Performance Appraisal Meeting (SPAMS).

Figure 24 - Proportion of PTA/SMCs in Schools within Programme Communities that have SPIP



### Analysis

Figure 24 shows the proportion of schools in 22 ADPs that have (SPIP). Majority (81%) of PTA/SMCs across schools in the 22 ADP communities have SPIP, 14% do not have SPIP while 5% of parents could not tell whether the PTA/SMCs have SPIP or not (WVG, 2014).

SMCs and PTAs are required to implement at least two (2) of the activities in the SPIP in an academic year to be considered functional. Sixty-six percent (66%) of PTA/SMCs were functional as shown in figure 24. PTA/SMCs in Afram Plains, Anyima Mansie and Garu ADPs implemented all activities in their SPIP (100%). Fifteen (15) out of the 24 ADPs were above both the WVG FY14 average of 66% and the WVG FY14 target of 70% while nine (9) ADPs fell below the average. Amasaman Base had an average of 55% with most of its ADPs falling below the average while the Bolga Base had the highest proportion of functional PTAs/SMCs (82%). Overall the survey shows increase in functional SMCs/PTAs from 51 (FY13) to 66% (FY14).

### WVG Contribution

- WV in collaboration with the Community Participation Unit of the Ghana Education Service and District Community Participation coordinators provided targeted training to PTA/SMCs in developing SPIP and host SPAMS, developing quality monitoring tools and to strengthen the capacities of SMC and PTA on Child Friendly School Management.

## Access

Ghana has made significant improvements particularly in the areas of basic school enrolment and with a year to the end of MDG the country has already achieved “MDG 2 (Achieve Universal Primary Education) enrolment targets of 100% by 2015”. At the kindergarten (KG) level, Gross Enrolment Ratio (GER) has increased from 99.4% in 2012 to 113.8% in 2013, while at the primary level GER has increased from 96.5% in 2012 to 105.0% in 2013. Also, primary school completion rate stood at 97.5% in 2013 as against the national target of 100%<sup>18</sup>.

These achievements have been supported by a number of government led interventions in the country such as the “school under trees” project as well as interventions from donor and non-governmental agencies targeted at girls’ education. WVG has contributed to this success story with intensive community conversations and sensitization events to address school enrolment particularly for girls and most vulnerable children.

Secondary sources of information from the District Education Offices, for this reporting year, put gross enrolment rates for both kindergarten and primary school for the Bolga Base at 84% to 90%, Savelugu Base at 78% to 85%, Amasaman Base at 62% to 162% and Kumasi Base at 85% to 115%. Out of 70,000 Registered Children (RC), only ten (10) children in programme were out of school.

### WVG Contribution

- Intensified community conversations and community sensitizations on enrollment drive across villages
- Implemented child friendly school models to ensure children enroll and complete school. The MICS 2006-2011 report showed that the number of out-of-school children (aged 6 to 11) fell by 46% from 513,000 in 2006 to 278,000 in 2011.
- WVG promoted Church partnership in 8 ADPs in the northern regions of Ghana which led Garu ADP Muslim and Christian community to work with Ghana Police Service to ban and arrest children involved in internet gambling that has been identified as a cause of poor academic performance in the ADP

## Sustainability

Table 13: Sustainability

Sustainability Driver	Action Taken
Local Ownership	The capacity of SMCs/PTAs to provide the collaborative support to school management has been enhanced. Currently, SMC/PTAs are implementing activities in their School Performance Improvement Plans, creating child friendly school environment and developing quality monitoring tools to improve the quality of basic education in their respective communities.
Partnering	The involvement of partners, such as teachers and districts education managers in designing, analyzing and interpretation of simple tools like EGRA and FLAT to measure the wellbeing of children has given partners the requisite skills to measure children's performance in reading in classroom to enable them design remediation for these children.

## Key Learnings

- The findings from this study indicate that, in many schools in WVG programme areas, little or no literacy instruction occurred. As a result, children are missing foundational skills in literacy. Thus, few children are able to identify letter and are able to sound them.
- The monitoring report from the field showed that few classrooms in WVG programme areas had books or well stocked library facilities. In addition, few children had any reading materials at their homes and or had been read to by their parents. Children therefore have limited exposure engaging with interesting materials appropriate for their developmental stages.
- Capacity building efforts that adopt the cascading approach leads to transmission losses from the trainer of trainers to the teacher training. Thus, training by lead teachers or teacher support teams at cluster level will be more effective to reach the first line beneficiary of the training in the schools.

<sup>18</sup>Education Sector Progress Report 2013

## Case Story

“There is joy in my class and the pupils are growing in the literacy aspect. The teachers' style of teaching has changed and also, children are gradually picking up to read and to understand what they read. The Ghana Read Project has helped them to regularly prepare their lesson notes using the Tablet. I also feel happy to be part of the new world. In RIC primary school, the teachers come together almost every week to prepare their lesson notes. Ghana Read has not only helped to boost literacy level in the school but has also contributed to discipline among pupils as teachers use that to control the behaviour of students both in class and on campus. The coaching they get from being part of the programme has instilled positive attitude in the teachers that no matter the situation of a student, something good may come out from him or her. To the life of the children, more hope has been given as the love to be in class and to read is getting



*The school children are making good judgements and communicating their ideas very well.”*

*(Florence Asantewah Kwateng, Kwahu Afram Plains – Afram Plains ADP/WV Ghana Read Project)*



## 4.5 Strategic Objective 5: Child Protection, Partnering and Advocacy

Figure 25



Strategic Linkages

### Summary of Logic Chain

Ghana's population is young with children under 15 years of age constituting 38.3% and with those above 65 accounting for 4.7%<sup>19</sup>, according to the 2010 population and housing census.

The population of vulnerable children in Ghana is high; up to 21% of children<sup>20</sup> have at least one disability (cognitive, motor, seizure, hearing or speech) and 1.1 million orphans. Child labour is 34%<sup>21</sup>. These children are engaged in various forms of work including stone quarrying, sand mining, fishing, street hawking, agriculture, hunting and forestry, animal rearing, ritual servitude (Trokosi), child prostitution and domestic work.

Child trafficking and crime among children have become major concerns to Ghanaians due to its ascendancy and increase in reported cases in the media. Twenty-two percent (22%) of girls between 12 and 18 years are forced into marriages which remains a challenge. Extended families often play an influential role in children's lives and are actively involved in the care and socialisation of children. Changes in family structure, socio-economic and religious factors have limited the capacity of these structures to provide support and protection to children.

Indicators that were measured during the year to assess progress towards the objective included;

Table 14: Outcomes and Indicators for Child Protection and Advocacy

Outcomes	Indicators of Measurement
Strengthened community based child protection systems management to reduce child vulnerabilities in communities	Proportion of youth who report having birth registration documents The strength of the assets and the contexts in which youth live, learn and work, as reported by youth 12-18 years of age

Table 15: Resources used for Child Protection and Advocacy

Projects that contributed to Strategic Objective 4	Amount spent (\$)	Source of Funding	Number of Technical Staff	Key Partners	Number of Beneficiaries
WVG Education Projects	361,671	Sponsorship GIK- Educational Supplies	9	Partners UNICEF Department for children Department of social welfare Ministry for Gender children and social protection	

### Case Story

In April 2011, while still attending her basic education in Jema DA Junior High School Form one, Felicia, 15, was forced to stop school and get married. Even though she did not agree with her parents, she was helpless and had to stay at home for over a year. Her father's decision to give her away in marriage was largely due to his inability to meet the financial needs of his family with his meagre salary. The failure to provide materially for his family prompted Mr. Anongo, Felicia's father, to force Felicia into early marriage.

Felicia was however part of the school's Advocacy Club sponsored by WV. The club pursued the matter persistently and finally prevailed on Felicia's father months later to agree to meet the District Social Welfare Officer in the company of the Jema DA Child Advocacy Club executives and the PTA / SMC chairperson. The father agreed to take her back to school. This restored Felicia's hope and dream of becoming a nurse although she had lagged two years behind her classmates.

A benevolent couple accepted to take care of her and so Felicia Anongo is now in JHS 2 and happily attending school regularly with support from the benevolent and encouragement from the benevolent couple.

"I will pursue my education until I become a nurse", says Felicia.

That spectacular show of bravery and resilience by the D/A Advocacy Club in defending and protecting the rights of Ms. Felicia Anongo has encouraged other children and clubs to be confident and focused in the pursuit of their rights and dreams.

WV is contributing to making children very respected participants in decisions that affect their lives. Advocacy clubs is also helping children to have hope and vision for the future. On top of it all, children now enjoy positive relationships with peers and community members.

From: Kintampo South ADPTeam.

<sup>19</sup> According to the 2010 population and housing census.

<sup>20</sup> (2-9) years

<sup>21</sup> (State of the World Children Report 2007)

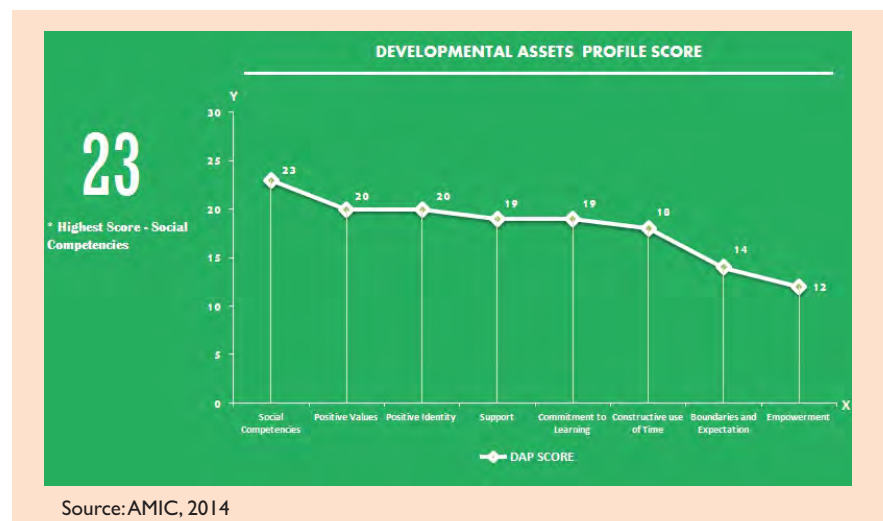


## Analysis & Achievement

The strength of the assets and the contexts in which youth live, learn and work, as reported by youth 12-18 years of age

The Developmental Asset Profile (DAP) tool was used to measure the wellbeing of adolescent between the ages of 12-18. This age group is the transition period between the social categories of childhood and adulthood which is characterized by social and other physical changes.

Figure 26 - Internal and External Assets of WVG programming area (Category View)



DAP was analyzed based on internal and external assets. The external includes assets such as Support, Empowerment, Boundaries and Expectations, Constructive Use of time with the internal assets: Commitment to learning, Positive Values Social Competencies, Positive Identity. The strength of the number of assets an adolescent has highly determines the ability to thrive in the community or environment. The overall DAP score recorded during the survey for 27 out of 31 ADPs are outlined in figure 26.

Figure 26 reveals the External and Internal Assets of the 8,100 adolescent sampled for the 2014 annual monitoring of child well-being using the DAP tool. The overall DAP mean score for WVG programming areas is 'fair' (18). This is consistent with the DAP mean score for two (2) Bases, whereby Bolga and Savelugu Bases had 20 and 15 respectively. Kumasi and Amasaman Bases on the other hand had 21 and 24 in turn which represent 'good' on the scale. In all the ADPs DAP mean score was between 'fair' and 'good', with 10 ADPs having 'fair' and 17 getting 'good'.

Adolescent reported 'good' (above 20) for the following assets: positive values, social competence and positive identity with values of 20, 23 and 20 respectively. The average DAP score is therefore consistent with the averages from the individual ADPs whereby 20 ADPs fall on the fair scale, five (5) ADPs on the good scale and two (2) ADPs on the excellent scale

### External Assets

The average score for support, constructive use of time and commitment to learning was fair (below 20) while that of empowerment, boundaries and expectations was low (below 15). Adolescents in 18 ADPs reported fair for support with a score of 19. This was confirmed by focus group discussion in which adolescents affirmed that they suffered some level of discrimination, forced marriages as well as caning in school.

*Constructive use of time:* The constructive use of time is fair (18) meaning that children are fairly involved in sport, club, group and creative activities as well as spending quality time at home and getting involved in religious activities.

*Empowerment:* The low score for empowerment is attributed to the fact that adolescents did not feel valued, were not given enough family tasks and do not have useful roles at home.

The Boundaries and Expectations asset for adolescent recorded low (14) specifying that they do not have clear school rules, do not feel encouraged by teachers and are not monitored by their neighbours and family.

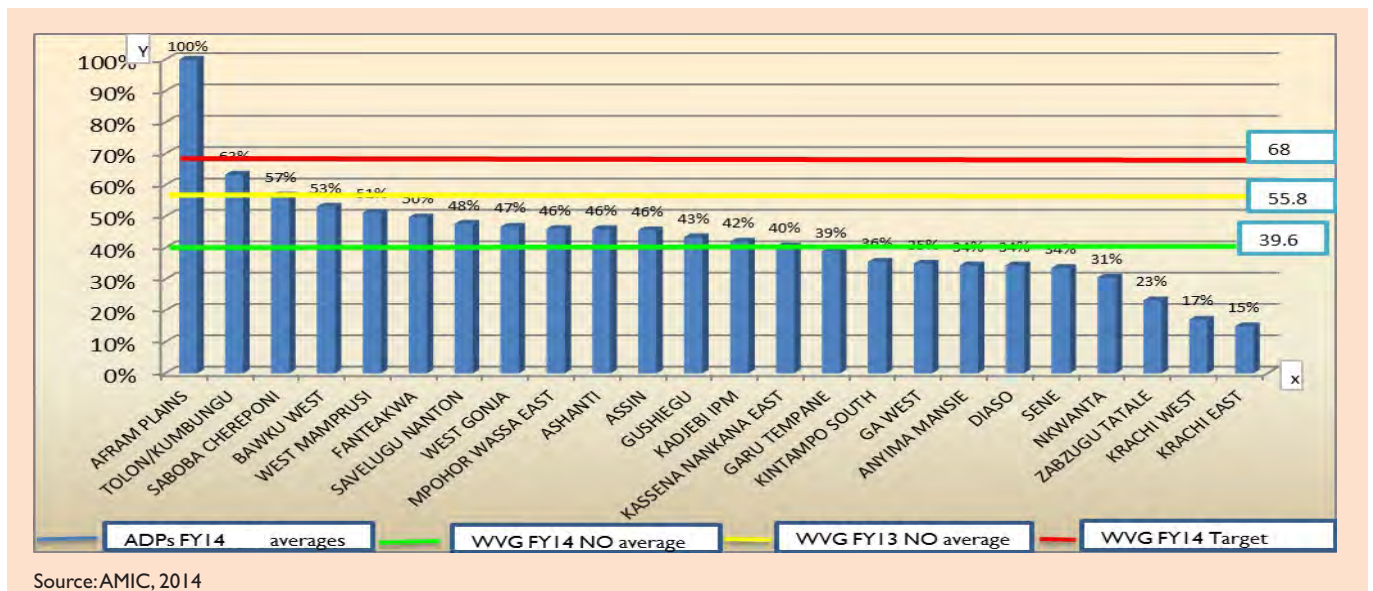
## Internal Assets

Analysis of the internal assets reveals that the adolescents enjoyed more internal assets than the eternal asset. The least score for the internal asset recorded is 19 for commitment to learning while that of positive values, social competences and positive identity recorded 20, 23 and 20 respectively. On the average 26 ADPs are within 'good' and 'excellent' depicting that the adolescent do enjoy reading, learning, and care about school, do their homework, like to learn new things and are also internally motivated. These assertions were confirmed by focus group discussion responses from adolescents with some comments such as: 'I am respectful, serious in class, like reading and doing my homework'; and 'I like my school because the teachers like coming to school' and 'the teachers like teaching us well'.

## Proportion of adolescents who report having birth registration documents

Accurate information on births and deaths have many advantages such as calculating accurate infant and child mortality, planning for vaccination and child health care facilities, ensuring age for class (net enrolment ratio) and tracking progress towards the health-related Millennium Development Goals.

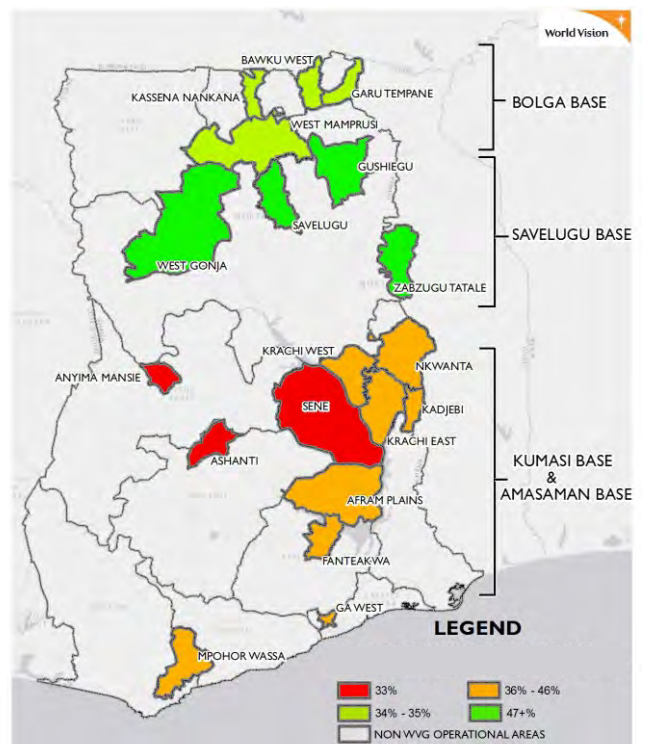
Figure 27 - Proportion of adolescents who report having birth registration documents



Source: AMIC, 2014

Figure 28 - Map of proportion of adolescents who report having birth registration documents

Figure 27 indicates FY 14 and FY 13 proportion of adolescents with birth registration certificates. The NO target for FY14 was 68%. The NO achieved 39.6% for FY 14 and 55.88% for FY13. This shows a decline in coverage or children reached. In FY13, 12 ADPs engaged in birth registration accounting for 1,140 adolescents being registered and 25 ADPs in FY14 resulting in 2,375 adolescents being registered. Thus, there has been an increase in geographical coverage and number of children reached as compared to the previous year.



Afram Plains ADP met the 100% target for the FY while the remaining 24 ADPs fell below. Fourteen (14) ADPs registered adolescents above the WVG average coverage while 11 ADPs fell below. Two (2) ADPs (Afram Plains and Tolon Kumbungu) in FY14 registered more adolescents than MICS 2011 average of 62.5%. Three (3) ADPs (Afram Plains, Tolon Kumbungu and Saboba) recorded high birth registration in their coverage areas (100%, 63.33%, and 56.68% respectively). Distant registration points, high registration cost, ignorance of parents on the importance of birth certificates and absence of birth and death registration offices in the communities attributed to 12 ADPs falling below the WVG average of 39.6%. The map in figure 28 depicts performance coverage of youth with birth certificates among operational bases.

### WVG Contribution

- Intensify advocacy of communities on birth registration
- Facilitated the movement of birth and death registry personnel into areas which did not have registration centers.
- ADPs lobbied for free birth registration for 80 OVCs in the communities.
- Served as a member of national steering committee that drafted the national child and family welfare policy, communications for development strategy and tool kit ,as well as the national child protection training manual for use by all stakeholders
- Organized stakeholders dialogue for the adoption of WVI keeping children safe online tool kit

## 5. Local Level Advocacy

Twenty-nine (29) ADPs advocated improvement in service delivery education and health, enforcement of bye-law, change in harmful traditional practices such as early marriage/forced marriage in some communities. Also, child led advocacy in programming continues to showcase the work of children in bringing change to their communities and ensuring that their environment is safe for them to thrive. The Young Ambassadors, Child Rights Clubs, FMNR Clubs and many others have engaged in various advocacy initiatives in their ADPs which have resulted in some level of improvement in well-being, security and safety of the children. Through the initiative of the Disaster Risk Reduction (DRR) Club in Ga West ADP, the community chiefs and elders passed a bye-law prohibiting trucks carrying heavy goods from passing through the communities. The activities of these truck drivers were fast eroding the roads, posing safety risks to the vulnerable, particularly children.

### WVG Contribution

- Afram Plains ADP records 100% in birth registration through local level advocacy and influencing of the district assembly to resource and facilitate the process of birth registration in hard to reach communities.
- Six (6) ADPs organized Child Health Now (CHN)/Global Week of Action (GWA) campaign calling on community leaders to end preventable deaths of children and mothers.
- ADPs organised and celebrated international campaigns, i.e., AU Day of the Africa Child and International Day of the Girl child demanding for quality education for all 57 CVA working groups have been formed and trained in communities.
- CHN/CVA integrated in programmes of 10 ADPs
- Eighty-five (85) members of staff from 18 ADPs together with Technical Leads have been trained in CVA.
- Twenty-nine (29) ADPs advocated for change in local policies, improved services in education and health as well as change in harmful cultural practices
- Thirty (30) young ambassadors have been trained in advocacy, leadership and public speaking
- Five (5) Child Parliaments have been formed in Tolon Kumbungu, Kintampo and Anyima Mansie ADPs

## 6. Humanitarian Emergency Affairs (HEA)

The strategic objectives were strengthened as a result of staff and partner capacity building in disaster management and the mainstreaming of Disaster Risk Reduction (DRR) into ADP programming to increase the sustainability of the projects. In all, 54 staff, 1,250 community members and 110 partners were trained and 80 communities facilitated to assess their vulnerabilities and capacities through the Community Owned Vulnerability and Capacity Assessment (COVACA) process. Communities prepared and implemented action plans to reduce their vulnerability to key threats identified.

The Africa Community Resilience Project (ACRP) II and Farmer-Managed Natural Regeneration (FMNR) contributed to community resilience through the reinforcement of household livelihoods in vulnerable communities. The activities of DRR clubs made children more aware of specific disaster risks facing them and how to protect themselves against them. In addition, the C-ERDM (Children Emergency Response and Disaster Mitigation project created more awareness on child protection issues and helped to increase children's capacity to protect themselves.



A Risk and Capacity Assessment conducted by the National Disaster Management Team (NDMT) of WVG indicated flood, cholera and ethnic conflict as the three highest ranking risks to Ghana. As a result, Disaster Preparedness Plans were prepared to mitigate and/or respond to these threats. In collaboration with National Disaster Management Organization (NADMO), consultations were done with stakeholders in Tamale, Kpasenkpe and Daboya to find a lasting solution to the perennial flooding in these communities.

The Ebola scare refocused WVG's attention on public awareness as a critical step in preventing or limiting an outbreak. World Vision Ghana collaborated with the Ghana Health Service (GHS) to implement an Ebola Prevention and Awareness Project. An amount of GHC 661,250 (approximately USD 200,000) was made available from WVG's National Emergency Preparedness and Response Fund (NEPRF) to support the national launch of Ebola Awareness Week, training of Regional Health Promotion Teams, printing and distribution of Ebola Information Education and Communication Material (IECs) (banners, brochures and posters), training of laboratory and health workers on safety controls including personal safety, use of Personal Protective Equipments (PPEs), sample taking, packaging and transportation, and placement of TV adverts to educate the public on Ebola. Also, to safe-guard staff health against Cholera and Ebola, WVG intensified hand washing in all its premises across the country by putting in place hand washing facilities and soap. In addition, hand sanitizers and Oral Rehydration Salt (ORS) were added to the first aid kits of all field vehicles

World Vision Ghana also contributed to cholera response in Ga West and Atebubu Districts which were seriously affected by the outbreak. An amount of GHC13,113.54 was donated to the GHS to facilitate the containment of the epidemic.

## 7. Most Vulnerable

Table 16: Most Vulnerable Children

Who are they	Where they live?	Vulnerability and Evidence	Why they are vulnerable	WV response/ programme	Direct Beneficiaries
Children with mental and physical disabilities	Kadjebi, Afram Plains, Nkwanta, Ga West, Kassena Nankana, Talensi, Bawku West, Tolon, West Mamprusi, Ashanti, Sene, Atebubu, Asante Akim, Sekyere East, Kintampo South, Anyima Mansie, Assin Diaso and special schools	Poor access to education Physically deformed and from extremely poor homes	Stigmatized, unfriendly school infrastructure, No special school for mentally disabled Dropped out of school and discriminated against during the sharing of the disability fund Branded evil and abused by family and society	Constructed 51 disability friendly facilities (10 educational institutes, 39 sanitation and 2 health facilities) Refurbishment of existing boreholes to be disability friendly Registration of 6 children with disability into sponsorship and integrated into Reading and Bible Clubs About 166 children with disability participated in programme activities Collaborated with partners to advocate for release of the common fund for the disabled Community sensitization and advocacy with local partners for child protection and inclusion for disabled children especially against killing of such children 88 children with disability enrolled in school. 82 with disability funds from the district assemblies and 6 from World Vision support. Supported with basic needs (100 nylon mats and GIK wheel chairs) and 50 with income generating activity (goats). 6 children with disability from 2 families had additional rooms built to improve their shelter.	Advocacy with decentralized departments of government has resulted in the refurbishment of social facilities disability friendly Setting up and making them build capacities of community advocacy volunteers to engage with local policy makers to eliminate the killing of children with disabilities. ADPs intentionally include these children in programmes (Sponsorship & Scholarship, Health etc.). Communities well educated on protecting and accepting children with disability
Children with extremely poor parents	Krachi East, Kadjebi, Ga West, Mpohor Wassa, Fanteakwa	Poverty on the part of parents Families have no farmlands/ are settler farmers	Parents have challenges in acquiring basic needs like clothing, healthcare, shelter and food for their children. Parents are exploited by farmland owners	Training and setting up of 116 parents with income generating activities (50 in food processing techniques, 20 in apiculture and 46 with home gardens) 50 farmers trained in improved agronomic practices to increase yield Communities sensitized on human rights to treat settlers fairly Establishment of VSLA in farming communities for easy access to loans to provide basic needs of the family	IGA and VSLA self-sustaining and can continuously be relied on for economic improvement in families to provide basic needs. Alternative source of income will increase household economic strength Parents involved in trade to provide continual support
Children living with HIV	All ADPs, 100 communities in Eastern and Western regions	Stigmatized and ostracized Prone to other sicknesses Have lost one or both parents	Have lost one or both parents Lack of proper care Children (affected) can easily acquire the HIV/AIDS They have no one to cater for them	All communities were sensitized on stigmatization of PLWHA Basic need of OVC and PLWHA were provided 52 received nutritional support 13 received educational support 50 FBOs trained as caregivers to provide support to PLWHAs especially children 880 teachers and home visitors provide continuous psychosocial counselling	Data on identified children shared with Department of Social Welfare and relevant departments for continuous support

Who are they	Where they live?	Vulnerability and Evidence	Why they are vulnerable	WV response/ programme	Direct Beneficiaries
Orphans	All ADPs 100 communities in 10 districts in Eastern and Western regions	Have lost one or both parents and are extremely poor Parents chronically ill school drop outs. Suffer economic exploitation (farm and market labour) Poor access to basic needs(education, health and food)	Unable to meet school and basic needs (drop outs and truant) Abused and denied basic rights by extended family members Living with aged grandparent or on their own or with relations who abuse them. Are psychologically affected, dropped out of school without support, living with HIV, lives with chronically ill parents and without access to health	45 orphaned children were registered in the sponsorship programme. Provided small ruminants to 620 OVC in 2 communities as IGA to provide basic needs Advocated for the rights of children to be respected and for access to schooling and inclusion for all, Referral system put in place with service providers to continuously support OVC Intensify community education to support OVC Provision of support to meet basic needs of education of 1,961 OVC (943 males and 748 females) (stationery, exams fees and other fees, scholarship to 156 (62 males and 94 females) in Senior High School; health, nutrition, clothing through ADP, Grants and GIK Out of the 72 drop-outs identified, 55 were enrolled in apprenticeship and 17 were enrolled back in school. In all, 136 OVC were enrolled in livelihood and vocational skills during the year	Built the capacity and mentored existing CBOs and departments and OVC support structures in organizational and technical OVC care and support Designed database to continuously track and support OVC in implementing districts by the CBOs and decentralized departments. Advocacy with Asuogyaman and SKC district assemblies led to the establishment of a bamboo training centre with sales point Free birth registration and renewal for project registered OVC and all other OVC in the districts of operation •A USAID grant of one-year extension from August 01, 2014 to July 31, 2015 in the amount of \$706,882 will increase and strengthen sustainability measures put in place for continued support to Orphans and Vulnerable Children (OVC) served in its ongoing SCASO project in all 10 districts.
Children who drop out of school early	In ADP's remote communities	Sexual abuse teenage pregnancy Early marriage Child labour	Negligence of parents Parent not valuing education. Inadequate educational infrastructure in the villages In school but lack educational supplies	All ADP communities sensitised on the need to educate children Advocated and created awareness on child protection issues	
Children suffering from moderate and severe malnutrition	Ashanti, Sene, Atebubu, Asante Akim, Sekyere East, Kintampo South, Anyima Mansie, Assin and Diaso	Prone to sicknesses	Cultural nutrition and care practices especially on exclusive breastfeeding Food insecurity in affected communities	Held food demonstrations with mothers, caregivers and grandmothers with culturally accepted nutritious foods	Extension of the Nutritional Health Programme strategy and food demonstrations in all ADP communities

## Challenges

- Children with disability are mostly hidden by their families and therefore cannot access basic support from government and organisations
- Funds to intentionally track Orphaned and Vulnerable Children (OVC) by the programme is insufficient and therefore there is the reliance on grants and not very reliable government support  
Accessing corporate sponsorships for OVC in senior high schools has been a daunting challenge.
- There was difficulty in obtaining birth certification for most OVC due to high and inconsistent rates among the districts.

## Success Stories

- The trained CBOs have shown commendable improvement in the management of their activities as a result of capacity trainings organized. Eighty-eight percent (88%) of the CBOs across all project districts showed improved capacity in all seven (7) organizational capacities through their activities, management of data, and financial reporting.
- The Community Care Coalition concept has been embraced by local government authorities and applauded by stakeholders. It is being considered as a best practice and a multi-sectorial approach in solving problems with regards to child wellbeing.



## 8. Programme Accountability

All the 31 ADPs are meeting all four (4) criteria/standards of the Programme Accountability Framework (PAF). A review of ADP monitoring and annual management reports indicates that, platforms are created for consulting, engaging and providing project information to stakeholders during, before, and after project implementation. Information is made available to communities in a timely, accessible and accurate manner through report dissemination sessions and semi/annual reflection meetings.

FGDs and other PLA tools are used to consult and engage communities during project planning and implementation. In collaboration with partners and stakeholders, project interventions are planned, executed, reviewed and lessons learnt used for future actions. Systems and structure are instituted at the ADP and community level and the ADP and NO level to coordinated complaints and feedbacks to ensure sustained wellbeing of staff, partners and project beneficiaries including children.

Table 17: Accountability Framework

Providing Information	Consulting communities
<p>Semi/Annual programme meetings were organized in all 31 ADPs to share and agree on the timing for the implementation of planned activities with all partners and project stakeholders at the beginning of the FY. Project dissemination sessions are organized to share LEAP document with project stakeholders and partners including children. This has enabled relevant programme information to be made available and intentionally provided to communities in a timely, accessible and accurate manner. During the FY, the Kasena, Krachi West, Anyiman and Kintampo ADPs conducted evaluation dissemination sessions to share evaluation findings with programme stakeholders.</p>	<p>During programme planning and implementation, stakeholders are consulted through various platforms such as ADP committees, project reflection meetings, child selection committees and annual data monitoring sessions. In the Jirapa and Asante Akim ADPs, child selection committee made up of children and caregivers from communities led the selection process of vulnerable children to be registered into the sponsorship project.</p>
Promoting Participation	Collecting and Acting on Feedback and complaints
<p>Stakeholder participation in project plans and management has been essential in the entire assessment, design, implementation, monitoring, evaluation, reflection, and learning in ADP programming. During the Kassena ADP evaluation and redesign process, project stakeholders reviewed design documents, designed questionnaire guide, collected and analyzed (qualitative and quantitative) data. They also participated in the evaluation dissemination and redesign process. Based on key issues identified in the evaluation process, they set priorities and intervention for the next phase of the project. The staff and ADP committee in the Krachi West ADP (partners, community leaders, children, community members) monitored the implementation of WASH project in communities. Among the feedback given included the need for the community leaders to keep separate records from the Sales person and WASH committee. The implementation of the strategy has resulted in transparency and proper accountability of funds at the community level.</p>	<p>At the ADP level, communities channel their complaints through the Child Welfare Supervisor (CWS) who always comes to the ADP office to respond to child correspondence. Communities are constantly educated on the rights and the need to provide feedback to complaints during project implementation. Child Behavior Protocols forms are signed by ADP staff and CWS to ensure that rights of children are protected. System for reporting abuse cases in communities has been identified strengthened. Staff through the whistle blower policy and Our Voice Survey share their complaints with the Head office. Results of Our Voice Survey are shared and discussed with ADP staff to identify strategies of addressing challenges.</p>





## Success Stories

- *Increased Partner Commitment:*

The increase in partner consultation in the designing of ADP programme interventions and assessing the progress of outcome has contributed in aligning ADP and partners objectives. The implementation of ADP interventions directly led to the achievement of partners' goals. This has resulted in partners being more committed to the implementation of programme intervention.

- They actively participated in review meetings and contributed in the management of programme. In the Afram Plains ADP, departments from the local government (Birth and Registry) collaborated with the ADPs in ensuring that all youth (100%) age 12-18 years have access to birth certificate. The achievement of these results were in agreement with both ADP and local government objectives to ensure that all children have a legal identity.

*Communal Ownership and Sustainability:*

Increased knowledge of project stakeholders on CWB issues through information sharing and continuous participation in programme review meetings has changed attitude and behaviour of community groups towards communal development. Local community groups are identifying their own resources and tapping for community development. This has contributed in promoting ownership and enhancing sustainability of programme outcomes at the community level. In the Ga West ADP, local school stakeholders are supporting the construction of WASH facilities from their own communal resources for school children when it came out that the absence of the facility was contributing to low school enrolment and performance.

## Challenges

Even though there are systems and structures for collecting and managing feedbacks, high illiteracy level and the presence of cultural practices are inhibiting the reporting and complaints are delaying information flow at the community level. Project Managers may sometimes not have access to firsthand information on critical issues that may affect the well-being of children.



## 9. Conclusion

### *Learning from CWB Reporting process*

World Vision's strategy in developing the CWB report goes beyond production of the final report. The process mandates each ADP to produce its version of the CWB report. This makes the development of CWB easier as ADPs reports are sourced as secondary documents in producing the report.

The data collection and analysis of CWB indicators are aligned with ADP annual monitoring; this has caused ADPs to use results to report in their Annual Management Report. The process is improving the quality of Annual Management Reports as data is properly analysed and interpreted.

The use of technical teams formed around key thematic areas such as Health, HEA, and Sponsorship made interpretation and analysis of data easier and well used for report.

Finally, the strategy of ensuring ADPs document their CWB is also improving ownership of data as ADPs use their data and report to advocate and plan for implementation. In Afram Plains ADP, the programme lobbied the district assembly to support 453 children to obtain birth registration certificates. This was as a result of the low coverage revealed in the FY13 process.

## 10. References

- World Vision Global Community Resilience Project Report
- Krachi West DRR mainstreaming Training
- WV Ghana FY14 DRR training report
- Tolon DRR workshop report
- WV Ghana FY14 HEA report
- WVG CWBT FY14 Bases reports
- CWB Reporting Template FY14
- CWB Reports – FY13WARO Quality Management Report
- FY14 Output Monitoring Indicator



# ‘I am Happy to be Sponsored’

Adam Alhassan, 17-year-old boy from Kuku, a farming community within the Tolon ADP in the Northern Region became a sponsored child when he was in Primary 6. Now in JHS 3 at the St. Monica's Junior High School (JHS), Adam expressed how fortunate he is to be sponsored. He said “I thank God for my sponsor and I am very happy to be sponsored”. Adam the fourth born of ten children narrated he was once an unhappy child because he could not go to school regularly and felt his future was bleak. This he said was because his parents could not afford to provide him books, uniforms, shoes and even food sometimes. “But since World Vision came in and got me a Sponsor, things have gotten better. My family was provided with rabbits which give us food and this also allows us to sell some for my educational needs as well” he noted.



Adam and his family

Adam revealed that he enjoyed his relationship with his Sponsor through the exchange of letters and pictures which made him feel cared for. “My dream is to complete university and become a doctor. And I believe I will make it, when I obey my Sponsor's constant encouragement to learn hard and draw closer to God”. Alhassan Adam, father of Adam and a farmer recalled that their community was in total deprivation before World Vision intervened. He mentioned the absence of potable drinking water, economic hardship on parents, low enrolment of children in school and several other challenges. “I remember, we used to drink rain water but now we drink from a reservoir. We were provided with soya beans, maize and fertilizers which has helped harvest more. Our children don't fall sick again because of the immunization and deworming exercise organized by World Vision. I must say the burden of parents have reduced so we are now able to take care of our children”.



Adam with his friends at school

Continuing, Alhassan, a Muslim expressed how amazed he and his family were when his son was chosen to be sponsored. He said “I know World Vision is a Christian organization, but when they came, they took care of everybody including Muslims. Things have really changed for the better in our community to the extent that some of our neighboring towns envy us”.

An elated Alhassan further thanked his son's sponsor for his support and positive impact on his family. He said “My son's sponsor influenced us all through his advice for us to draw closer to our creator and also live a healthy lifestyle.”

Adding, Mumuni Danaa, also the former Assemblyman for Kuku electoral area, emphasized that World Vision's sponsorship programmes have impacted immensely on his community. Recounting the benefits community members had received, he stated “I have a friend whose son was a sponsored child and now in Nalerigu Nursing Training College. Several other sponsored children are in Senior High Schools and some in the universities as well”.



Adam monitoring his rabbits in their hutch



Mumuni who is also a farmer cited the Village Savings Group and Loan Scheme which they call 'Adaka', literally meaning box as one intervention that has brought significant change to the community. According to him, members involved in the savings group used their portion of the Shared money to support the upkeep of their respective families. “For me the 'Adaka' is really a blessing to us and I know when World Vision exits, it will sustain us” he affirmed.

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